Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
Northern District of: Illinois	
(State)	
Case number (if known)	Chapter you are filing under:
	Chapter 7
	Chapter 11
	Chapter 12
	Chapter 13

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Voluntary Petition for Individuals Filing for Bankruptcy

12/15

Check if this is an

amended filing

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

	The state of the s	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1,	Your full name	Jeffrey	Jodie
	18626-10	First name	First name
	Write the name that is on your government-issued		Middle name
	picture identification (for	Middle name	****
	example, your driver's license or passport	Couch	Couch
	licerise or passport	Last name	Last name
	Bring your picture identification to your meeting with the trustee,	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you		
	have used in the last	First name	First name
	8 years	Middle name	Middle name
*	Include your married or	Wildle Harre	Middle Harris
	maiden names.	Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits	XXX - XX- 5767	XXX - XX- 8258
and a second	of your Social Security number or		OR
mount of the	federal Individual	OR	UK
and all and	Taxpayer Identification	9 xx - xx-	9 xx - xx-
v bedoeleds	number (ITIN)		,

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Debtor 1 Jeffrey First Name		uch st Name	Case number (if know	vn)	
LIPT MAINE	minde Home		t en er alredie et en rekelt beliekt is Helink franksk omzetier.	ngalanging digital patenta ang panganan na banda bi sabah sa ba	February programation in a control of the control o
	About Debtor 1:		About Debtor	· 2 (Spouse Only	n a Joint Case):
Any business names and Employer	I have not used any business name	es or EINs.	I have not used any business names or EINs.		nes or EINs.
Identification Numbers (EIN) you have used in the last	Business name		Business nam	e	
8 years	Business name		Business nam	e	
Include trade names and doing business as names	EIN	EIN			
WO THE ANIMAL PROPERTY.	EIN		EIN		
5. Where you live		n op gevent fan it fan 15 maart en meet de mee		es at a different addre	ess:
	25702 S. Bridle Path		25702 S. Bridle F Number	Path Street	
	Number Street		Numbei	Stieer	
					00440
	Channahon Illinois City State	Zip Code	Channahon City	Illinois State	60410 Zip Code
	Oily Glate	p ====	·		·
	Grundy County		Grundy County		,
	If your mailing address is differen above, fill it in here. Note that the c notices to you at this mailing addres	court will send any	If Debtor 2's n	lote that the court w	lifferent from yours, ill send any notices to
e Annual Property and Property	Number Street		Number	Street	
men or or and or					7 ()
	City State	Zip Code	City	State	Zip Code
6. Why you are	Check one:		Check one:		
choosing this district to file for bankruptcy	Over the last 180 days before filling lived in this district longer than in a			ast 180 days before fill s district longer than in	ng this petition, I have any other district.
- Landa Ware	I have another reason, Explain. (S		I have and	ther reason, Explain.	(See 28 U.S.C. §§ 1408.)
			<u></u>		
	•				
A Constitution of the					
The second secon					
as recovered			and the second s		

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Debtor 1 Jeffrey			Case number (if know	n)	
First Name	Middle Name	Last Name			
Part 2: Tell the Court About	ut Your Bankruptcy Case				
 The chapter of the Bankruptcy Code you are choosing to file under 	Check one. (For a brief desc Bankruptcy (Form B2010)). A Chapter 7 Chapter 11 Chapter 12 Chapter 13	ription of each, see <i>Notice Requ</i> Also, go to the top of page 1 and	ilred by 11 U.S.C. check the approp	§ 342(b) for Individuals Filing for riate box.	
8. How you will pay the fee	 ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 				
,,,,					
9. Have you filed for bankruptcy within the last 8 years?	Yes. District District District	When When When	MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY	Case number Case number Case number	
40 A		The second secon			
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	✓ No. Yes. Debtor District Debtor District	When	MM / DD / YYYY	Relationship to you Case number, if known Relationship to you Case number, if known	
11. Do you rent your residence?	✓ No. Go to lin	e 12.		o you want to stay in your residence? nst You (Form 101A) and file it with	

Voluntary Petition for Individuals Filing for Bankruptcy

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Debtor 1 Jeffrey First Name		Mide		Couch ast Name	Case numb	oer (if known)	
Part 3: Report About Any	Rusir						
	Dusii	103303		.,		and the second s	
12. Are you a sole proprietor of any full-	V	No.	Go to Part 4.				
or part-time	П	Yes.	Name and location of	business			
business?	<u></u>						
A sole proprietorship is			Name of business, if ar	ıy			
a business you							
operate as an individual, and is not a			Number	Street			
separate legal entity							
such as a corporation, partnership, or LLC.							
-							
If you have more than one sole			City		State	Zip Co	ode
proprietorship, use a			Check the appropriat	e box to describe	your business:		
separate sheet and attach it to this petition.					ed in 11 U.S.C. § 1	101(27A))	
attach it to this petition.			l-cal	•	fined in 11 U.S.C.		
			in the same of the		S.C. § 101(53A))		
volument in the second			Commodity Bro	oker (as defined i	n 11 U.S.C. § 101	(6))	
¿ ; ;			None of the ab	ove			
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	appr shee	opriate et, state	deadlines. If you indica	ate that you are a sh-flow statemen	small business de t, and federal inco	ebtor, you must at	ss debtor so that it can set tach your most recent balance any of these documents do not
For a definition of	$\overline{\mathbf{Y}}$	No.	I am not filing under	Chapter 11.			
small business debtor, see 11 U.S.C. §		No.	I am filing under Cha Bankruptcy Code.	pter 11, but I am	NOT a small busir	ness debtor accord	ding to the definition in the
101(51D).	П	Yes.	Lam filing under Cha	nter 11 and I am	a small business o	debtor according to	o the definition in the Bankruptcy
San Address of the San Address o	لسا	,,,,,	Code.	P.0. (•	•	
Part 4: Report if You Owr	ı or H	ave An	v Hazardous Prope	rty or Any Prop	erty That Needs	s Immediate Atte	ention
					-		
14. Do you own or have any property that	回	No.					
poses or is alleged to		Yes.	What is the hazard?				
pose a threat of imminent and							
identifiable hazard to			If immediate attention is	needed, why is it n	eeded?		
public health or safety? Or do you							
own any property			Where is the property?	Number	Street		
that needs immediate							
attention?							
For example, do you own perishable goods,							
or livestock that must				City		State	Zip Code
be fed, or a building							
that needs urgent repairs?							
•							Maria -

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Debtor 1	Jeffrey First Name	Middle Name	Couch Last Name	Case i	number (if known)					
Part 5:			ing About Credit Counseling	******						
		About Debtor 1:		Ab	out Debtor 2 (Sp	ouse Only in a Joint Case):				
15. Tell	the court	You must check one:		You	ı must check one:					
rece abo	ether you have eived briefing ut credit inseling.	counseling agen	ing from an approved credit cy within the 180 days before I otcy petition, and I received a apletion.	回	counseling agend	ing from an approved credit cy within the 180 days before i otcy petition, and I received a upletion.				
	law requires that receive a briefing		ne certificate and the payment plan reloped with the agency.	n,		ne certificate and the payment plan, veloped with the agency.				
you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file. If you file anyway, the court can dismiss your case, you will lose whatever filing fee you	out credit unseling before you for bankruptcy. You ust truthfully check	counseling agen	ing from an approved credit cy within the 180 days before I otcy petition, but I do not have a apletion.	Luciul	counseling agen	ing from an approved credit cy within the 180 days before I otcy petition, but I do not have a apletion.				
		er you file this bankruptcy petition, opp of the certificate and payment			er you file this bankruptcy petition, opy of the certificate and payment					
	from an approved obtain those serv made my reques	ted for credit counseling service d agency, but was unable to rices during the 7 days after I t, and exigent circumstances mporary waiver of the	es 🔲	from an approve obtain those serv made my reques	ted for credit counseling services d agency, but was unable to vices during the 7 days after I t, and exigent circumstances mporary waiver of the					
cred	l, and your ditors can begin ection activities in.	requirement, attac efforts you made t unable to obtain it	y temporary waiver of the th a separate sheet explaining who to obtain the briefing, why you wer before you filed for bankruptcy, au mstances required you to file this	e	requirement, attac efforts you made t unable to obtain it	y temporary waiver of the th a separate sheet explaining what to obtain the briefing, why you were before you filed for bankruptcy, and mstances required you to file this				
			dismissed if the court is dissatisfi for not receiving a briefing before uptcy.			dismissed if the court is dissatisfied for not receiving a briefing before uptcy.				
		still receive a briel must file a certifica with a copy of the	fied with your reasons, you must fing within 30 days after you file. Y ate from the approved agency, alo payment plan you developed, if a b, your case may be dismissed.	ng	still receive a brief must file a certifica with a copy of the	afied with your reasons, you must fing within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any o, your case may be dismissed.				
						Any extension of to for cause and is li	Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.			the 30-day deadline is granted only mited to a maximum of 15 days.
		I am not required	I to receive a briefing about cre- use of:	dit 🔲	I am not required counseling beca	I to receive a briefing about credit use of:				
		Incapacity.	I have a mental illness or a ment deficiency that makes me incapable of realizing or making rational decisions about finances		Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.				
		Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	3	Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.				
		Active duty.	I am currently on active military duty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.				
		briefing about cre	are not required to receive a dit counseling, you must file a of credit counseling with the court	i.	briefing about cre	are not required to receive a dit counseling, you must file a of credit counseling with the court.				

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Debtor 1 Jeffrey First Name		_ast Name Case	e number (ii known)	
	estions for Reporting Purposes			
16. What kind of debts do you have?	16a. Are your debts primarily "incurred by an individual properties." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily	primarily for a personal, fam business debts? Business vestment or through the ope	es debts are debts that you incurred to obtain peration of the business or investment.	
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid that fu No.	•	any exempt property is excluded and administra oute to unsecured creditors?	ıtive
18. How many creditors do you estimate that you owe?	☑ 1-49 □ 50-99 □ 100-199 □ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000	
19. How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 n \$10,000,001-\$50 \$50,000,001-\$100 \$100,000,001-\$50	million \$1,000,000,001-\$10 bill 0 million \$10,000,000,001-\$50 bill	lion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 n \$10,000,001-\$50 \$50,000,001-\$100 \$100,000,001-\$50	million \$1,000,000,001-\$10 bill 0 million \$10,000,000,001-\$50 bill	lion
Part 7: Sign Below	I have examined this netition, as	nd I declare under penalty c	of perjury that the information provided is true	e and
For you	correct. If I have chosen to file under Ch. 13 of title 11, United States Cod. proceed under Chapter 7. If no attorney represents me an out this document, I have obtain I request relief in accordance will understand making a false state.	napter 7, I am aware that I made. I understand the relief avoid I did not pay or agree to pened and read the notice requiting the chapter of title 11, Unitement, concealing property ase can result in fines up to	nay proceed, if eligible, under Chapter 7, 11, vailable under each chapter, and I choose to pay someone who is not an attorney to help i	,12, or o me fill
	/s/ Jeffrey Couch Signature of Debtor 1 Executed on 4/26/2018 MM / DD	THE S	/s/ Jodie Couch Signature of Debtor 2 Executed on 4/26/2018 MM / DD / YYYY	<u>h</u>

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Debtor 1 Jeffrey		Couch	Case number (if ki	novn)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed und relief available under ea	ler Chapter 7, 11, 12 ich chapter for which	2, or 13 of title 11, United 3 I the person is eligible. I a	ave informed the debtor(s) about States Code, and have explained the also certify that I have delivered to the
If you are not	debtor(s) the notice req	uired by 11 U.S.C. §	342(b) and, in a case in \	which § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge afte	r an inquiry that the	information in the schedu	les filed with the petition is incorrect.
attorney, you do not				
need to file this page.	/s/ James Durkee		Date	4/26/2018
. •	Signature of Attorney	for Debtor	M	M / DD / YYYY
	Gigriatars or rittorney	(6) 12-62-(6)		
	I Button			
	James Durkee			
	Printed name			
	Malmquist Geiger & D)urkee		
	Firm name			
	415 Liberty St			
	Street			
	,			
	Morris		Illinois	60450
	City		State	Zip Code
ner/A Anna				1
	Contact phone	8159425072	Email address	jimdurkee@mglawoffices.com
A CONTRACTOR OF THE CONTRACTOR	6291	a297	I	L-
a version ve	Bar number		State	
§			The second secon	Control of the Contro

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Fill in this i	information to identify ye	ur case:		
Debtor 1	Jeffrey		Couch	
	First Name	Middle N		
Debtor 2 (Spouse, if file	Jodie ng) First Name	Middle N	Couch ame Last Name	
(Opadae, # (III	as the light	Ividdle 14		
	es Bankruptcy Court for the	e: <u>Northern</u>	District of Illinois (State)	
Case numb (If known)	<u> </u>			Check if this is an
Official	Form 106A/B			Check if this is an amended filing
	lule A/B: Proբ			12/15
category wh responsible write your n	nere you think It fits best. for supplying correct in name and case number (i	. Be as complete and formation. If more sp f known). Answer eve	ery question.	le are filing together, both are equally his form. On the top of any additional pages,
			d, or Other Real Estate You Own or	
<u> </u>	own or have any legal or No. Go to Part 2 Yes. Where is the property		any residence, building, land, or similar pr	
1.1	Street address, if available	, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the Current value of the
T VI T T T T T T T T T T T T T T T T T T			Condominium or cooperative Manufactured or mobile home Land	entire property? portion you own? ,
i	Number Street		Investment property Timeshare	Describe the nature of your ownership interest (such as fee simple, tenancy by
-	City State	Zip Code	Other	the entireties, or a life estate), if known.
and the state of t			Who has an interest in the property? Che	Check if this is community property (see instructions)
SE LANGE WE SELL			Debtor 2 only	
A decide of the			Debtor 1 and Debtor 2 only	
AND SE part of			At least one of the debtors and another	
And a fragram the same			Other information you wish to add about property identification number:	this item, such as local
If you o	wn or have more than one	, list here:		
1,2			What is the property? Check all that apply Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
	Street address, if available	e, or other description	Duplex or multi-unit building	
			Condominium or cooperative	Current value of the Current value of the entire property? portion you own?
			Manufactured or mobile home	entire property: portion you own.
			Land	
	Number Street	•	Investment property Timeshare	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
C. C	City State	Zip Code	Other	
A Young don't are a Made 1997 (*)			Who has an interest in the property? Che	Check if this is community property (see instructions)
VIOL 1960 1960 1970			Debtor 1 only	Ц
			Debtor 2 only	
son mand for			Debtor 1 and Debtor 2 only	
			At least one of the debtors and another	
	· · · · · · · · · · · · · · · · · · ·		Other information you wish to add about property identification number:	this item, such as local

Official Form 106A/B

Schedule A/B: Property

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	Jeffrey First Name	Middle Name	Couch Case num Last Name	ber (if known)
	eet address, if available, or o	ther description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not deduct secured claims or exemptions. In the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Prope Current value of the entire property? Describe the nature of your ownership interest (such as fee simple, tenancy by
City	y State	Zip Code	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the entireties, or a life estate), if known. Check if this is community property (see instructions)
you ha	ve attached for Part 1. Wr	ite that number he	all of your entries from Part 1, including any entrie	5 Iui pages
u own th Cars, va	hat someone else drives. If y ans, trucks, tractors, sport ut	equitable interest ou lease a vehicle,	in any vehicles, whether they are registered or no also report it on Schedule G: Executory Contracts an rcycles	t? Include any vehicles d Unexpired Leases.
u own th	hat someone else drives. If y ans, trucks, tractors, sport ut o es	equitable interest ou lease a vehicle,	also report it on Schedule G: Executory Contracts an	Do not deduct secured claims or exemptions. the amount of any secured claims on Schedul Creditors Who Have Claims Secured by Property? Current value of the entire property? \$11500.00 Control of the portion you own?

Official Form 106A/B

Schedule A/B: Property

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AUI 1	Jeffrey First Name	Middle Name	Last Name	e number (if known)	
3.3	Make Model: Year:		Who has an interest in the property? Che one. Debtor 1 only	the amount of any sec	claims or exemptions. Puured claims on Schedule I laims Secured by Propert
	Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		44.0	At least one of the debtors and another	•	
			Check if this is community property instructions)	(see	
3.4	Make Model: Year:		Who has an interest in the property? Cheone. Debtor 1 only	the amount of any sec	claims or exemptions. Puured claims on Schedule Blaims Secured by Propert
	Approximate mileage:		Debtor 2 only	Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
			At least one of the debtors and another		
	er and the second	i	Check if this is community property	Isee	
Exa			instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle according to the control of the control	accessories	
Exa	mples: Boats, trailers, motors No Yes Make Model:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle accommodition with the property? Chance.	accessories cessories leck Do not deduct secured the amount of any sec	ured claims on Schedule
Exa	mples: Boats, trailers, motors No Yes Make Model: Year:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acceptable. Who has an interest in the property? Choone. Debtor 1 only	accessories cessories eck Do not deduct secured the amount of any sec	ured claims on Schedule Claims Secured by Proper
Exa	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle accomplishing vessels and a fishing vessels. Who has an interest in the property? Change Debtor 1 only Debtor 2 only	accessories cessories eck Do not deduct secured the amount of any sec Creditors Who Have C	ured claims on Schedule Claims Secured by Propen Current value of the
Exa	mples: Boats, trailers, motors No Yes Make Model: Year:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	accessories cessories beck Do not deduct secured the amount of any secured the current value of the entire property?	ured claims on Schedule Claims Secured by Proper
Exa	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	accessories cessories eck Do not deduct secured the amount of any sec Creditors Who Have C Current value of the entire property?	
Exa	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	accessories cessories eck Do not deduct secured the amount of any sec Creditors Who Have C Current value of the entire property?	ured claims on Schedule Claims Secured by Propen Current value of the
4.1	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property instructions) Who has an interest in the property? Ch	accessories cessories Do not deduct secured the amount of any sec Creditors Who Have C Current value of the entire property? r (see Do not deduct secured the dedu	ured claims on Schedule claims Secured by Proper. Current value of the portion you own?
4.1	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another instructions) Who has an interest in the property? Chone.	accessories deck Do not deduct secured the amount of any secured the entire property? To (see Do not deduct secured the amount of any secured the	ured claims on Schedule claims Secured by Proper. Current value of the portion you own?
4.1	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another instructions) Who has an interest in the property? Chone. Debtor 1 only	accessories Do not deduct secured the amount of any secured tree property? Current value of the entire property? To see Do not deduct secured the amount of any secured tree trees to the secured the amount of any secured trees the secure	ured claims on Schedule claims Secured by Propen Current value of the portion you own?
4.1	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Check if this is community property instructions) Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only	accessories deck Do not deduct secured the amount of any secured the entire property? To (see Do not deduct secured the amount of any secured the	ured claims on Schedule claims Secured by Propen Current value of the portion you own?
4.1	mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year:		instructions) recreational vehicles, other vehicles, and a fishing vessels, snowmobiles, motorcycle acc. Who has an interest in the property? Chone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another instructions) Who has an interest in the property? Chone. Debtor 1 only	accessories Do not deduct secured the amount of any sec Creditors Who Have C Current value of the entire property? To (see Do not deduct secured the amount of any sec Creditors Who Have C Current value of the entire property?	ured claims on Schedule claims Secured by Proper Current value of the portion you own? I claims or exemptions. Pured claims on Schedule claims Secured by Proper Current value of the

you have attached for Part 2. Write that number here

Official Form 106A/B

Schedule A/B: Property

page 3

\$12000.00

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Debtor 1 Jeffrey First Name	Couch Case number (if known) Middle Name Last Name	
	our Personal and Household Items	
	ve any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
i. Household goods Examples: Major app	and furnishings Jilances, furniture, linens, china, kitchenware	
No		
Yes, Describe,	Personal and family household goods for a family of 4	\$375.00
7. Electronics Examples: Television	ns and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music	
Yes. Describe		
	ue and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; oin, or baseball card collections; other collections, memorabilia, collectibles	ž
No Yes, Describe		
	orts and hobbies hotographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ks; carpentry tools; musical instruments	
No		
Yes. Describe		To the state of th
10. Firearms Examples: Pistols, ri 7 No	fles, shotguns, ammunition, and related equipment	
Yes. Describe		
11. Clothes Examples: Everyday I No	clothes, furs, leather coats, designer wear, shoes, accessories	read
Yes. Describe	Personal clothing for a family of 4	\$50.00
gold, silv	r jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er	·····ā
No Yes, Describe	Miscellaneous jewelry	\$30.00
13. Non-farm anima Examples: Dogs, ca		
No		
Yes. Describe		
	nal and household items you did not already list, including any health aids you did not list	wwi
No		
Yes, Describe		p
	alue of all of your entries from Part 3, including any entries for pages you have attached the number here	\$455.00
	The state of the s	

Official Form 106A/B

Schedule A/B: Property

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Debtor	1 Jeffrey		Couch	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 4:	Describe Your F	inancial Assets			
Do yo	u own or have an	y legal or equitable inter	est in any of the followi	ng?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cas Exa	mples: Money you hav No	ve în your wallet, in your home, i	•	and when you file your petition	
L	Yes	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	Cash:	
17. De	and other similar in:	ivings, or other financial account stitutions. If you have multiple ac		es in credit unions, brokerage houses, on, list each.	
L V	No Yes		Institution name:		
No are are services		17.1. Checking account:	New Century Federal Cre	dit Union	\$25.00
Water Carlo		17.2. Checking account:	New Century Federal Cre	dit Union	\$55.00
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		17.3. Savings account:			
e e e e e e e e e e e e e e e e e e e		17.4. Savings account:			
m. A. w. C. a. C. a. A. A.		17.5. Certificates of deposit:			
-00-CA-7-3-00		17.6. Other financial account:	•		
200 mm m m m m m m m m m m m m m m m m m		17.7. Other financial account:			
Mean and a feet of the feet of		17.8. Other financial account:			
and a second		17.9, Other financial account:			
		or publicly traded stocks			
E	_	investment accounts with broke	rage firms, money market acc	ounts	
	✓ No Yes	Institution or issuer name:			
REPORT TO THE REAL PROPERTY.					
				leanne leabhallac an Intaract In	
	on-publicly traded st i LLC, partnership, a		sted and unincorporated bus	sinesses, including an interest in	
	3 №	Name of antity		% of ownership:	
	Yes, Give specific information about	Name of entity		78 Or Owneramp.	
-	them				
ve and we dod degle					
*					

Official Form 106A/B

Schedule A/B: Property

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Debt	or 1 Jeffrey		Couch	Case number (if known)	
	First Name	Middle Name	Last Name		
1	Negotiable instruments	orate bonds and other negotiable include personal checks, cashiers' ents are those you cannot transfer	checks, promissory note	s, and money orders.	
9	✓ No				
one species constraint and a value and a v	Yes, Give specific information about them	Issuer name:			
Ì					-
21.	powery	accounts RA, ERISA, Keogh, 401(k), 403(b)	thrift savings accounts,	or other pension or profit-sharing plans	
	Emercial Transport	Type of account:	Institution name:		
action to the	Yes. List each account	401(k) or similar plan:			
Quantitation	separately.				
		Pension plan:			
****		IRA:			
1		Retirement account:			
		Keogh:			
		Additional account:			_
		Additional account:	<u> </u>		-1
A					
22.	Security deposits and Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have made so that with landlords, prepaid rent, public	you may continue service cutilities (electric, gas, w	e or use from a company ater), telecommunications	
WAY THE A	▽ No		Institution name:		
***	Yes	Electric:			
	lawared				
		Gas:			_
A NEW AND WASHINGTON		Heating oil:			_
		Security deposit on rental unit:			
ne out out made.		Prepaid rent:			
and with the same		Telephone:			
A VANDA VANDA VA		Water:		,	
		Rented furniture:			
200		Other:			-
23	Annuities (A contract t	or a periodic payment of money to	vou, either for life or for	a number of years)	
20.	No No	or a policulo paymore or money to	, , , , , , , , , , , , , , , , , , , ,	,	
Manager of the same of particular	Yes	Issuer name and description:			
AN ES EN FRE					
20 17 14 15 ES					

Official Form 106A/B

Schedule A/B: Property

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Debt	or 1 Jeffrey		Couch	Case number (if known)	
	First Name	Middle Name	Last Name		
24.	Interests in a	n education IRA, in an account ii 530(b)(1), 529A(b), and 529(b)(1).	n a qualified ABLE program, or un	der a qualified state tuition program.	
	laneare	(-)(-))(-)			
	✓ No	Institution name and description.	Separately file the records of any inte	rests.11 U.S.C, § 521(c):	
	Yes				
		<u></u>			
				A	
25,		able or future interests in proper or your benefit	ty (other than anything listed in lin	e 1), and rights or powers	
	√ No	-, ,			
	Yes, Desc	orihe			
	L				
26.	Examples: Int	yrights, trademarks, trade secret ernet domain names, websites, pro	ts, and other intellectual property oceeds from royalties and licensing a	greements	
	√ No				
9 99 99 99	Yes, Des	cribe	T		
1	hand	,=,			
27.	Liconece fro	nchises, and other general intan	mihlas		
21.	Examples: Bu	ilding permits, exclusive licenses, o	cooperative association holdings, liqu	or licenses, professional licenses	
	√ No				
ALL WANTER IN	Yes, Des	cribe	Land Control of the State of th	2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	
A Annual					
ć					
Mar	ou or prope	arty award to you?			Current value of the
Mor	ney or prope	erty owed to you?			Current value of the portion you own?
Mor	ney or prope	rty owed to you?			portion you own? Do not deduct secured
potential a deba des posteros a 1900	• • •				portion you own?
potential a deba des posteros a 1900	Tax refunds o				portion you own? Do not deduct secured
potential a deba des posteros a 1900	Tax refunds o	wed to you		Federal:	portion you own? Do not deduct secured
potential a deba des posteros a 1900	Tax refunds o	wed to you specific information ut them, including whether		as on an annual section of the secti	portion you own? Do not deduct secured claims or exemptions.
potential a deba des posteros a 1900	Tax refunds o	wed to you specific information It them, including whether already filed the returns		Federal: State:	portion you own? Do not deduct secured claims or exemptions. \$0.00
28.	Tax refunds o No Yes. Give abou you and	specific information It them, including whether already filed the returns the tax years		as on an annual section of the secti	portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years	al support, child support, maintenanc	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years	al support, child support, maintenanc	State:	portion you own? Do not deduct secured claims or exemptions. \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous	al support, child support, maintenanc	State: Local:	portion you own? Do not deduct secured claims or exemptions. \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years	al support, child support, maintenanc	State: Local: e, divorce settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous	al support, child support, maintenanc	State: Local: e, divorce settlement, property settlement Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous	al support, child support, maintenanc	State: Local: e, divorce settlement, property settlement Alimony:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous	al support, child support, maintenanc	State: Local: e, divorce settlement, property settlement Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous	al support, child support, maintenanc	State: Local: e, divorce settlement, property settlement Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous specific information		State: Local: e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds o No Yes. Give about you and Family suppo Examples: Pass No Yes. Give Other amoun Examples: Un	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous specific information	syments, disability benefits, sick pay,	Slate: Local: e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds o	specific information ut them, including whether already filed the returns the tax years rt st due or lump sum alimony, spous specific information	syments, disability benefits, sick pay,	State: Local: e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds o	specific information It them, including whether already filed the returns the tax years Int	syments, disability benefits, sick pay,	State: Local: e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds o	specific information It them, including whether already filed the returns the tax years Int	syments, disability benefits, sick pay,	State: Local: e, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Official Form 106A/B

Schedule A/B: Property

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Deb	otor 1 Jeffrey	Couch	Case number (if known)	
	First Name Midd	lle Name Last Name		
31,	Interests in insurance policies Examples: Health, disability, or life insurar	nce; health savings account (HSA); credit, hor	neowner's, or renter's insurance	
A CANTON AND A STAN A CANTON AND A CANTON AN	Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you	from someone who has died		
A COLUMN TO THE PARTY OF THE PA	property because someone has died.	expect proceeds from a life insurance policy, o	r are contently entitled to receive	
	✓ No Yes. Describe			
33.		r not you have filed a lawsuit or made a de	mand for payment	
**************************************	Examples: Accidents, employment dispute No	es, insurance claims, or rights to sue		
common or tops or any of tops or	Yes. Describe			
34.	Other contingent and unliquidated claim to set off claims	ms of every nature, including counterclain	is of the debtor and rights	
	₩ No			
nd o Alva walva Vario	Yes, Describe			
35.	Any financial assets you did not alread	y list		
Africa sever	▽ No			
er a rapa vaanurra	Yes. Describe	The state of an about the first of the first of the state		
	Figure 1. We are the second of	Add 1 Add 1987 green and green property and the second sec		
36.		es from Part 4, including any entries for pa		\$80.00
Part			erest In. List any real estate in Part 1	
37.	Do you own or have any legal or equita	ble interest in any business-related prope	_	
- A	No. Go to Part 6.			urrent value of the ortion you own?
-	Yes. Go to line 38.		Do	o not deduct secured claims exemptions
38.	Accounts receivable or commissions y	ou already earned		
) wassessed t	No No	and the second of the second o		
and for the state of the	Yes. Describe			
39.	Office equipment, furnishings, and sup Examples: Business-related computers, s	oplies oftware, modems, printers, copiers, fax mach	ines, rugs, telephones, desks, chairs, electro	nic devices
THE PART OF THE PARTY	✓ No			
aver armon ve a mere	Yes. Describe		AND THE PROPERTY OF THE PROPER	
\$	p,			

Official Form 106A/B

Schedule A/B: Property

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Deb	otor 1 Jeffrey	Couch	Case number (if known)	
÷ 40	First Name	Middle Name Last Name ipment, supplies you use in business, and tools of your tra	de	
40.	mound	ipineni, suppites you use in nusiness, and tooks of your tra	•••	
* A Von company	Ves. Describe			
	les. Describe			
41.	Inventory			
	No			
	Yes, Describe		ve entropy	
			er terminal de la companya del la companya de la co	
42.	Interests in partnership	s or joint ventures		
- The second	☑ No	Name of entity:	% of ownership:	
CO con report and a second	Yes, Give specific information about	name of entity.	•	
and a country of	them			
				
43.	Customer lists, mailing li	sts, or other compilations		
and another strong	☑ No		5 404444N0	
	Yes. Do your lists inc	lude personally identifiable information (as defined in 11 U.S.C.	§ 101(41A))?	
wassed share a G	☐ No			
CONTRACTOR OF THE PARK	Yes. Descri	be		
44	Any husiness-related n	roperty you did not already list		
	No	, , , , , , , , , , , , , , , , , , , ,		
en week some	Yes, Give specific			
	information			
			· · · · · · · · · · · · · · · · · · ·	
i www.				
Comments for Co.				
45	Add the dollar value of all	of your entries from Part 5, including any entries for pages	you have attached	
for F	Part 5. Write that number	here	· · · · · · · · · · · · · · · · · · ·	
Pai	rt 6: Describe Any Fa	rm- and Commercial Fishing-Related Property You nterest in farmland, list it in Part 1.	Own or Have an Interest In.	
46.	. Do you own or have an	y legal or equitable interest in any farm- or commercial fish		
Martin Addition	✓ No. Go to Part 7.		Current valu portion you	
and or property of	Yes. Go to line 47.		Do not deduc	ct secured claims
WORKS FASTER			or exemption	S
47.	. Farm animals Examples: Livestock, po	ultry, farm-raised fish		
· Andrews	☑ No			
	Yes, Describe			
A Administration	<u></u>			

Official Form 106A/B

Schedule A/B: Property

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Deb	tor 1	Jeffrey First Name		Couch _ast Name	Case number (if known)	
48	Cro	ps-either growing of				
40.	january.		: Hai vostou			
	¥	No Dogaribo				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Yes, Describe,			THE PARTY OF THE P	
		ş				
49.	Far	m and fishing equip	ment, implements, machinery, fixtures	, and tools of trade		
	\square	No				
		Yes. Describe			. *************************************	
		2				100
50.	Far	m and fishing suppl	ies, chemicals, and feed			
	M	No				1
	H	Yes. Describe				1
		and the second s				
E4	٠.	· form and common	cial fishing-related property you did no	ot already liet		
υ 1.	Mill		cial listing-related property you did no	n aneady nac		
	¥	No December :				. And a second s
-	Ш	Yes. Describe			an in the second	
52. A	dd th	ne dollar value of all	of your entries from Part 6, including	any entries for pages y	ou have attached	
			nere			
on the same of the						
Part	7:	Describe All Pro	perty You Own or Have an Intere	st in That You Did N	lot List Above	
53.	Do	you have other prop	erty of any kind you did not already lis	st?		
	Exa		s, country club membership			
***************************************		No	Worker's compensation lawsuit settleme	nt		\$200000.00
	\leq	Yes. Give specific information				
A 40 C				y processor and the second	N. P. J.	
54 A	dd fl	ne dollar value of all	of your entries from Part 7. Write that	number here		\$200000.00
		io dollar varao o, a	3. 304. 3.11			
_		1 1 . 6 Alo . To 6 . 5	Control David of Afric Course			
Part	. 6:	List the Totals of	Each Part of this Form			
55.1	Part	1: Total real estate, l	ine 2		>	
56.	part :	2 total vehicles, line	5	\$12000.00	_	
57.F	Part 3	3: Total personal and	l household items, line 15	\$455.00		
58.F	art 4	l: Total financial ass	ets, line 36	\$80.00	_	
59	Part	5: Total business-re	lated property, line 45	400.00		
A A						
Service V.			shing-related property, line 52		-	
61.	Part	7: Total other prope	rty not listed, line 54	\$200000.00	``	
62.	Total	personal property.	Add lines 56 through 61	\$212535.00		+ \$212535.00
***					Copy personal property total	
***************************************						\$212535.00
1			chedule A/B. Add line 55 + line 62			1

Official Form 106A/B

Schedule A/B: Property

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Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)

Official Form 106C

Check if this is an amended filing

04/16

Schedule C: The Property You Claim as Exempt

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 4:	Identify:	the	Property	You	Claim	as	Exempt	

1.	Which set of exemptions are you claimin	q? Check one only, eve	n if yo	our spouse is filing with you.	
	You are claiming state and federal i				
	You are claiming federal exemption				
2.	For any property you list on Schedule A/	∕B that you claim as exc	empt,	fill in the information below.	
received a company of the set of	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption
A Magain our Antillación Ma		Copy the value from Schedule A/B			
non sammenno es uma una sen sen malistado deles al cal del distriba se vivigimen	Brief description: Cadillac CTS, 2011 Line from Schedule A/B: 03	\$11,500.00	√	\$112.00; \$0.00 100% of fair market value, up to any applicable statutory limit	735 LCS 5/12-1001(c); 735 LCS 5/12- 1001(b)
Aprillago, politica proprieda politica de la desta de la Maria de Politica de	Brief description: Jeep Wrangler, 1997 Line from Schedule A/B: 03	\$500.00	∀	\$500.00; \$0.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c); 735 ILCS 5/12- 1001(b)
A service of the skills of the	and have been been as the second of the seco	ry 3 years after that for c	ases		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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2: Additional Page	- MACHINE CONTROL OF THE CONTROL OF		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption .
Brief description: Worker's compensation lawsuit settlement Line from Schedule A/B; 53	\$200,000.00	\$200,000.00 100% of fair market value, up to any applicable statutory limit	820 ILCS 305/21
Brief description: Checking account, New Century Federal Credit Union	\$25,00	\$25,00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Schedule A/B: 17 Brief description: Checking account, New Century Federal Credit Union Line from	\$55.00	\$55.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Schedule A/B: 17 Brief description: Personal and family household goods for a family of 4 Line from Schedule A/B: 06	\$375.00	\$375.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Brief description: Personal clothing for a family of 4 Line from Schedule A/B: 11	\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Brief description: <u>Miscellaneous jewelry</u> Line from	\$30.00	\$30.00 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

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Fill in this info	ormation to identify your ca	1 96:					
Debtor 1	Jeffrey		Couch				
	First Name	Middle Name	Last Name	_			
Debtor 2	Jodie		Couch	_			
(Spouse, if filing)	First Name	Middle Name	Last Name	_			
United States	Bankruptcy Court for the:	Northern	District of Illinois (State)	_			
Case number (if known)	<u> </u>						
Official	Form 106D						neck if this is an nended filing
			ve Claims Sec				12 <i>[</i> 15
space is need case number (1. Do any No. Yes	ed, copy the Additional Pag (if known). creditors have claims se	ge, fill it out, number the cured by your proper it this form to the court	entries, and attach it to this f	orm. On the to	p of any add	ditional pages, write yo	ur name and
for each		ditor has a particular clain	red claim, list the creditor separ n, list the other creditors in Part 2 ng to the creditor's name.	As Amoun. Do not	A t of claim deduct the f collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
	NSONE	Describe the property	that secures the claim:	\$11	00,888	\$11,500.00	\$0.00
Creditor's	S Name EFFERSON BLVD	Cadillac CTS Value: \$	11,500.00				
Num			the claim is: Check all that ap	oly.			
		Contingent					141
WARW	IICK RI 02886	Unliquidated					
City	State ZIP Code	Disputed					
100000	wes the debt? Check one. abtor 1 only	Nature of lien. Check a	ill that apply.				
De	ebtor 2 only	-	made (such as mortgage or sec	ured		,	
in the second	ebtor 1 and Debtor 2 only		as tax lien, mechanic's lien)				ļ
	least one of the debtors danother	Judgment lien from	•				
Ch	neck if this claim relates to	Other (including a r					
	ebt was <u>3/2015</u>	Last 4 digits of accoun	nt number1200		,	4,4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Section and the section of the secti	Add the dollar value of y here:	our entries in Column A	on this page. Write that numl	per\$11	,388.00		
<u> </u>	en ya kamanana makamanan kana bi kata kata maka maka	varieties de la constitución de					

Official Form 106D

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1. Do any ci No. V Yes. 2. List all of listed, ide much as a Continuat	Go to Part 2. Your priority unsecured ntily what type of claim it is possible, list the claims in a lon Page of Part 1. If more	ecured claims against you claims. If a creditor has mo s. If a claim has both priority alphabetical order according than one creditor holds a pa	re than one priority unsecured cla and nonpriority amounts, list that to the creditor's name. If you have articular claim, list the other credit r this form in the instruction bookl	claim here and show both priorit e more than two priority unsecul ors in Part 3.	ty and nonpriority:	amounts. As
1. Do any or No.	reditors have priority uns Go to Part 2.	ecured claims against you		in the the section of	or each claim. For	oach glaim
Part 1: List	reditors have priority uns		1?			
Part 1: List	reditors have priority uns		1?			
	All of Your PRIORITY	Unsecured Glaims				
the boxes on th						
party to any ext 106A/B) and on are listed in Sc	ecutory contracts or une: Schedule G: Executory hedule D: Creditors Who	xpired leases that could re Contracts and Unexpired I Hold Claims Secured by F	with PRIORITY claims and Part sult in a claim. Also list execut Leases (Official Form 106G). Do Property. If more space is neede on the top of any additional pag	ory contracts on Schedule A/long in the contracts on Schedule A/long in the contract of the co	B: Property (Offic h partially secure I it out, number th	cial Form ed claims that ne entries in
Schedu	ule E/F: Cre	ditors Who	Have Unsecure	ed Claims		12/1
Official F	orm 106E/F				Check if this is an	amended filin
Case number (If known)					la	1 1 5 1
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)			
(Spouse, if filing)	First Name					
	Jodie	Middle Name	Couch Last Name			
Debtor 2	First Name	Middle Name	Last Name			
Debtor 2	dome,		Couch	j		
	Jeffrey		0 1			

Schedule E/F: Creditors Who Have Unsecured Claims

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Debto	r 1 Jeffrey <u>Gouc</u> First Name Middle Name Last N	
Part 2		
	o any creditors have nonpriority unsecured claims against you?	
3. F	No. You have nothing to report in this part. Submit this form t	o the court with your other schedules.
Ė,	Yes.	,
Eu Eu	www.	der of the creditor who holds each claim. If a creditor has more than one priority
u	insecured claim, list the creditor separately for each claim. For each claim	aim listed, identify what type of claim it is. Do not list claims already included in Part 1.
	f more than one creditor holds a particular claim, list the other creditors Page of Part 2.	in Part 3.If you have more than four priority unsecured claims fill out the Continuation
•		Total claim
4.1	Advanced Physicians/Dr. Lang	- Last 4 digits of account number \$225.00
	Nonpriority Creditor's Name 16101 Weber Rd.	When was the debt incurred? n/a
	Number Street	
		As of the date you file, the claim is: Check all that apply.
		Contingent
	Crest Hill Illinois 60403	Unliquidated
¥-1000000	City State Zip Code Who incurred the debt? Check one.	Disputed
	Debtor 1 only	Type of NONPRIORITY unsecured claim:
	Debtor 2 only	Student loans
V Week W	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
9444	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar
***************************************	Check if this claim relates to a community debt	debts Other Specify Medical
ea evr seve	Is the claim subject to offset?	Other. Specify Medical
and device rec	☑ No ·	
o contract of	Yes	
4.2	ATI Physical Therapy	— Last 4 digits of account number \$2,594.88
A 84 W W W W W W W W W W W W W W W W W W	Nonpriority Creditor's Name 790 Remington Boulevard	When was the debt incurred? n/a
***************************************	Number Street	As of the date you file, the claim is: Check all that apply.
A VANCOUNT V AND V		Contingent
***		Unliquidated
****	Bolingbrook Illinois 60440 City State Zip Code	Disputed
4	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:
and a second	Debtor 1 only	Student loans
of the state of th	Debtor 2 only	Obligations arising out of a separation agreement or
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims
TARREST TAR	At least one of the debtors and another	Debts to pension or profit-sharing ptans, and other similar debts
Page 11 Comme	Check if this claim relates to a community debt	
Parameters v	Is the claim subject to offset?	- · · · · · · · · · · · · · · · · · · ·
	✓ No	
-	Yes	
4.3	BANKAMERICA Nonpriority Creditor's Name	— Last 4 digits of account number 2678\$5,546.00
to the topological	1825 E BÚCKEYE RD	When was the debt incurred? 2/2011
*** *** ****	Number Street	As of the date you file, the claim is: Check all that apply.
A seems of		Contingent
to the facilities	PHOENIX Arizona 85034 City State Zip Code	Unilquidated
a ser property	Who incurred the debt? Check one.	Disputed
***************************************	Debtor 1 only	Type of NONPRIORITY unsecured claim:
****	Debtor 2 only	Student loans
****	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or
	At least one of the debtors and another	divorce that you did not report as priority claims
Section and section	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts
que la faction de la constitución de la constitució	Is the claim subject to offset?	✓ Other. Specify CreditCard
4	☑ No	
	Yes	

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 Jeffrey Couc First Name Middle Name Last	ch Case number (if known) Name			
art 2:					
	After listing any entries on this page, number them beginning w		Total claim		
_	BBY/CBNA		\$1,135.00		
<u>.41</u>	Nonpriority Creditor's Name	Last 4 digits of account number 6234	Ψ1,100.00		
<u> </u>	PO BOX 6497	When was the debt incurred? 12/2008			
ľ	Number Street	As of the date you file, the claim is: Check all that apply.			
-		Contingent			
-	SIOUX FALLS South Dakota 57117	— Unliquidated			
	City State Zip Code Who incurred the debt? Check one.	Disputed			
Ì	Debtor 1 only	facered.			
i	Debtor 2 only	Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only	Student loans			
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
İ	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts			
	s the claim subject to offset?	✓ Other, Specify CreditCard			
	✓ No	, ——			
	Yes				
	CBMCSCRT	- Last 4 digits of account number 7306	\$954.00		
	Nonpriority Creditor's Name 220 W SCHROCK RD	When was the debt incurred? 12/2015			
	Number Street	***************************************			
		As of the date you file, the claim is: Check all that apply.			
	WESTERVILLE Ohio 43081	Contingent			
	City State Zip Code	Unliquidated			
	Who incurred the debt? Check one.	Disputed			
Ì	Debtor 1 only	Type of NONPRIORITY unsecured claim:			
	Debtor 2 only	Student loans			
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or			
Ì	At least one of the debtors and another	divorce that you did not report as priority claims			
1	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar			
ı	Is the claim subject to offset?	debts CraditCard			
1	No	Other. Specify CreditCard			
	Yes				
	engapamapaminanan keesta ta t	and the control of th			
	CDA/PONTIAC Nonoriority Creditor's Name	Last 4 digits of account number 3270	\$484.00		
:	415 E MAÍN POB 213	When was the debt incurred? 4/2013			
	Number Street	As of the date you file, the claim is: Check all that apply.			
		Contingent			
	STREATOR Illinois 61364	Unliquidated			
	City State Zip Code	Disputed			
	Who incurred the debt? Check one. Debtor 1 only	to and			
	Debtor 2 only	Type of NONPRIORITY unsecured claim:			
		Student loans			
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or			
	At least one of the debtors and another	divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar			
	Check if this claim relates to a community debt	debts			
	ls the claim subject to offset?	Collection; Collecting for			
	☑ No	Other. Specify ORIGINAL CREDITOR: MEDICAL			
	Yes				

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debto	r 1 Jeffrey Couc First Name Middle Name Last N					
Pari 2	Managery Committee and Committ					
	After listing any entries on this page, number them beginning wi	th 4.5, followed by 4.6, and so forth.	Total claim			
4.7	CDA/PONTIAC Nonpriority Creditor's Name	Last 4 digits of account number 5931	\$111,00			
	415 E MAIN POB 213	When was the debt incurred?1/2013				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		Contingent				
	STREATOR Illinois 61364	Unliquidated				
	City State Zip Code	Managadi.				
	Who incurred the debt? Check one. Debtor 1 only	Disputed				
	Debtor 2 only	Type of NONPRIORITY unsecured claim:				
	Debtor 1 and Debtor 2 only	Student loans				
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar				
	Is the claim subject to offset?	debts Collection; Collecting for				
	. No	Other, Specify ORIGINAL CREDITOR: MEDICAL				
	Yes					
4.8	Clinical Associates in Medicine, LLC	Last 4 digits of account number	\$4,215.00			
	Nonpriority Creditor's Name 330 Madison St.	When was the debt incurred? n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		Contingent				
		Unliquidated				
	Jollet Illinois 60435					
	City State Zip Code Who incurred the debt? Check one.	Disputed				
	Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	Debtor 2 only	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 				
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts				
	Check if this claim relates to a community debt	Other. Specify Medical				
	is the claim subject to offset?					
	✓ No					
	Yes					
4.9	DISCOVERBANK Nonpriority Creditor's Name	Last 4 digits of account number 2700	\$6,310.00			
	POB 15316	When was the debt incurred? 12/2010				
	Number Street ,	As of the date you file, the claim is: Check all that apply.				
		Contingent				
	WILMINGTON Delaware 19850	- Unliquidated				
	City State Zip Code Who incurred the debt? Check one.	Disputed				
	Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	Debtor 2 only	Student loans				
	Debtor 1 and Debtor 2 only	hands				
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts				
	Is the claim subject to offset?	✓ Other, Specify CreditCard				
	✓ No					
	Yes					
			right of profession and the second se			

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Schedule E/F: Creditors Who Have Unsecured Claims

. page 4

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	After listing any entries on this page, number them beginning	with 4.5, followed by 4.6, and so forth.	Total claim			
		Last 4 digits of account number	\$1,320.00			
	Nonpriority Creditor's Name	When was the debt incurred?				
	254 Republic Ave. Number Street					
		As of the date you file, the claim is: Check all that apply.				
		Contingent				
	Joliet Illinois 60435	Unliquidated				
	City State Zip Code	Disputed				
	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	Debtor 2 only	Student loans				
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts				
	Check if this claim relates to a community debt	✓ Other, Specify Medical				
	Is the claim subject to offset?					
	No					
	L Yes	\$\$\text{\$\tinx{\$\text{\$\tincet{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{				
1]	Humana Nonpriority Creditor's Name	Last 4 digits of account number	\$1,453.31			
	2301 W. 22nd St.	When was the debt incurred?n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		Contingent				
	Oak Brook Illinois 60523	Unliquidated				
	Oak Brook Illinois 60523 City State Zip Code	Disputed				
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
	Debtor 1 only	Student loans				
	Debtor 2 only	Obligations arising out of a separation agreement or				
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts				
	Check if this claim relates to a community debt	Other. Specify Medical				
	Is the claim subject to offset?	Consort				
	✓ No					
	Yes					
2	Joliet Radiological Services Corporation Nonpriority Creditor's Name	Last 4 digits of account number	\$1,923.43			
	333 Madison St.	When was the debt incurred?n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		Contingent				
		Unliquidated				
	Joliet Illinois 60435 City State Zip Code	Disputed				
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
	Debtor 1 only	Student loans				
	Debtor 2 only	Student loans Obligations arising out of a separation agreement or				
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar				
	Check if this claim relates to a community debt	─ debts ✓ Other, Specify Medical				
	Is the claim subject to offset?	Other, Specify Medical				

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Schedule E/F: Creditors Who Have Unsecured Claims

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	After listing any entries on this page, number th	em heginning u	with 4.5. followed by 4.6. and so forth.	Total claim		
_	KOHLS/CAPONE	iem beginning v		\$1,938.00		
	Nonpriority Creditor's Name		Last 4 digits of account number 5279	φ1,536.00		
	PO BOX 3115		When was the debt incurred? 10/2009			
	Number Street		As of the date you file, the claim is: Check all that apply.			
			Contingent			
		53201	Unliquidated			
	City State Who incurred the debt? Check one.	Zip Code	Disputed			
	Debtor 1 only		Type of NONPRIORITY unsecured claim:			
	Debtor 2 only		<u>, </u>			
	Debtor 1 and Debtor 2 only		Student loans			
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	hand		Debts to pension or profit-sharing plans, and other similar			
	Check if this claim relates to a community	debt	debts			
	Is the claim subject to offset?		Other. Specify CreditCard			
	✓ No					
	Yes					
	Medicaid/Illinois Department of Human Services		Last 4 digits of account number	\$91,279.93		
	Nonpriority Creditor's Name 361 Old Indian Trail		When was the debt incurred? n/a			
	Number Street		· · · · · · · · · · · · · · · · · · ·			
			As of the date you file, the claim is: Check all that apply.			
		Contingent				
		60506	Unliquidated Unliquidated			
	,	Zip Code	Disputed			
	Who incurred the debt? Check one. Debtor 1 only		Type of NONPRIORITY unsecured claim:			
	Debtor 2 only		Student loans			
	<u>ll</u>		Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	Debtor 1 and Debtor 2 only					
	At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar debts			
	Check if this claim relates to a community	debt	✓ Other. Specify Medical			
	Is the claim subject to offset?					
	✓ No					
	Yes		- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
5	MERCHANTS CR		— Last 4 digits of account number 0493	\$169.00		
	Nonpriority Creditor's Name 223 W JACKSON ST SUITE 900		When was the debt incurred? 2/2015			
	Number Street					
			As of the date you file, the claim is: Check all that apply.			
	CHICAGO Illinois	60606	Contingent			
		Zip Code	Unliquidated			
	Who incurred the debt? Check one.		Disputed			
	Debtor 1 only		Type of NONPRIORITY unsecured claim:			
	Debtor 2 only		Student loans			
	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or			
	At least one of the debtors and another		divorce that you did not report as priority claims			
	Check if this claim relates to a community	debt	Debts to pension or profit-sharing plans, and other similar			
	Is the claim subject to offset?		debts Collection; Collecting for			
	is the claim subject to officer					

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor		ouch Case number (if known) st Name				
Part 2:			T-t-1 -l-i			
	After listing any entries on this page, number them beginning	g with 4.5, followed by 4.6, and so forth.	Total claim			
4.16	Morris Hospital Nonpriority Creditor's Name	Last 4 digits of account number	\$1,531.00			
	150 W. High St.	When was the debt incurred?n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
		Contingent				
		Unliquidated				
	Morris Illinois 60450					
	City State Zip Code Who incurred the debt? Check one.	Disputed				
	Debtor 1 only	Type of NONPRIORITY unsecured claim:				
	Debtor 2 only	Student loans				
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar				
		debts				
	Check if this claim relates to a community debt	✓ Other. Specify Medical				
	Is the claim subject to offset?					
	South					
	Neil Cron Low Office					
4.17	Neil Green Law Office Nonpriority Creditor's Name	Last 4 digits of account number	\$2,456.06			
	250 Parkway Dr., #160	When was the debt incurred?n/a				
	Number Street	As of the date you file, the claim is: Check all that apply.				
	- Leaven	Contingent				
		Unliquidated				
	Lincolnshire Illinois 60069 City State Zip Code	Disputed				
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
	Debtor 1 only	Student loans				
	Debtor 2 only					
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar				
	Check if this claim relates to a community debt	debts				
	Is the claim subject to offset?	Other. Specify Medical collections				
	✓ No					
	Yes					
4 10	Neurological Surgery and Spine Surgery/ Dr. Sean Salehi		\$375.00			
4.18	Nonpriority Creditor's Name	Last 4 digits of account number	Ψ070100			
	1 Westbrook Corporate Center Suite 800 Number Street	When was the debt incurred?n/a				
	Numbol Oreer	As of the date you file, the claim is: Check all that apply.				
		Contingent				
	Westchester Illinois 60154	Unliquidated				
	Westchester Illinois 60154 City State Zip Code	Disputed				
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:				
	Debtor 1 only	Student loans Obligations arising out of a separation agreement or				
	Debtor 2 only					
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims				
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar				
	Check if this claim relates to a community debt	── debts ✓ Other. Specify Medical				
	Is the claim subject to offset?	Other. Specify Medical				
	☑ No					

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Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 Jeffrey	Couch Case number (if known)	
	First Name Middle Name	Last Name	
Dane De	Your NONPRIORITY Unsecured Claims - Continu	lation Page	
3" 481 15			
4	After listing any entries on this page, number them beginn	ning with 4.5, followed by 4.6, and so forth.	Total claim
4.19	Pain and Spine Institute/Dr. Samir Sharma		\$70,529,00
4.10	Nonpriority Creditor's Name	Last 4 digits of account number	
	744 Essington Rd.	When was the debt incurred?n/a	
	Number Street	A of the distance file the states in Charle all that apply	
		As of the date you file, the claim is: Check all that apply.	
		Contingent	
		Unliquidated	
	Joliet Illinois 60435	Disputed	
	City State Zip Code	Resistand ,	
2	Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:	
******		Student loans	
A	Debtor 2 only	Obligations arising out of a separation agreement or	
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
*		debts	
A West	Check if this claim relates to a community debt	✓ Other, Specify Medical	
- W W W W W W W W.	Is the claim subject to offset?	The state of the s	
1	✓ No		
A 15 peach	Econol		
<u>L</u>	L Yes		
4.20	Presence Saint Joseph Hospital	Last 4 digits of account number	\$10,151.96
	Nonpriority Creditor's Name	When was the debt incurred? n/a	
4	333 North Madison St. Number Street	Wileti Mas file dept Hodiled:	
4	Trumpel Succe	As of the date you file, the claim is: Check all that apply.	
Į		Contingent	
		Permuta parama	
	Joliet Illinois 60435	Unliquidated	
	City State Zip Code	Disputed	
41	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
***	Debtor 1 only	- Faring	
*	Debtor 2 only	Student loans	
4	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
1	<u></u>	divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
C C C C C C C C C C C C C C C C C C C	Check if this claim relates to a community debt	debts	
5	Is the claim subject to offset?	Other. Specify Medical	
70	No		
•	kand pang		
	☐ Yes		
4.21	SYNCB/TOYS		\$1,071.00
النظننا	Nonpriority Creditor's Name		
	PO BOX 965005	When was the debt incurred? 4/2008	
4	Number Street	As of the date you file, the claim is: Check all that apply.	
ì			
	ORI ANDO Fiorida 32896	Contingent	
Parade	ORLANDO Florida 32896 City State Zip Code	Unliquidated	
4.444	Who incurred the debt? Check one.	Disputed	
***	Debtor 1 only	loand '	
de territorio	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
14	<u></u>	Student loans	
460	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
TANKE T	At least one of the debtors and another	divorce that you did not report as priority claims	
Breth day		Debts to pension or profit-sharing plans, and other similar	
the section of	Check if this claim relates to a community debt	debts	
41A W WAS	Is the claim subject to offset?	Other. Specify CreditCard	
	✓ No		
*	Yes		
ž.			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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	1 Jeffrey Gouch First Name Middle Name Last No.	Case number (if known)	
m . o			
Part 2:	Your NONPRIORITY Unsecured Claims - Continuation		
	After listing any entries on this page, number them beginning wi	ith 4,5, followed by 4.6, and so forth.	Total claim
	SYNCB/WALMAR	Last 4 digits of account number 8300	\$717,00
	Nonpriority Creditor's Name PO BOX 965024	When was the debt incurred? 11/2017	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	EL PASO Texas 79998	Secretarial Comments of the Co	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	Land 1	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other, Specify CreditCard	
	☑ No	E COLUMNY	
	Yes	W. S. C.	************************
4.23	TARGET/TD	- Last 4 digits of account number 1983	\$197.00
	Nonpriority Creditor's Name	When was the debt incurred? 10/2017	
	PO BOX 673 Number Street	· · · · · · · · · · · · · · · · · · ·	
		As of the date you file, the claim is: Check all that apply.	
	MINNEAPOLIS Minnesota 55440	Contingent	•
	City State Zip Code	Unliquidated	
	Who Incurred the debt? Check one.	Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or	
	At least one of the debtors and another	divorce that you did not report as priority claims	
	Check if this claim relates to a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	✓ Other. Specify CreditCard	
	✓ No	<u> </u>	
	Yes		
4.24	University of Illinois Hospital and Health Sciences System		\$340,799.17
7.2.7	Nonpriority Creditor's Name		
	1740 W. Taylor St Number Street	When was the debt incurred? n/a	
	(Antipe) Offeet	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Chicago Illinois 60612	Unitquidated	
	Chicago Illinois 60612 City State Zip Code	Disputed	
	Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
	Debtor 1 only	Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or	
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts Other, Specify Medical	
	Is the claim subject to offset?	Other. Specify Medical	
	✓ No		
	Yes		

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 Jeffrey	Middle h		Couch Last Name	Case number (if known)	
First Name Part 2: Your NONPRIOR	RITY Unsecured (O.V,
After listing any ent	ries on this page, no	umber them beginni	ng with 4.5, followe	d by 4.6, and so forth. Total claim	
4.25 University-Chicago P Nonpriority Creditor's 180 Harvester Dr. Number			When was	ts of account number \$147,311.00 the debt incurred? n/a late you file, the claim is: Check all that apply.	
haran .	obtor 2 only ne debtors and anothe aim relates to a com		Stude Obliga divorce Debts debts	idated	

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			Couch	Case number (if known)
tor 1 Jeffrey First Name		Middle Name	Last Name	
3: List Other	rs to Be Notified A	bout a Debt That	You Already Liste	d
collection agen-	cy is trying to collect milarly, if you have m	from you for a debt ore than one credit	t you owe to someone or for any of the debts	r a debt that you already listed in Parts 1 or 2. For example, if a else, list the original creditor in Parts 1 or 2, then list the collection that you listed in Parts 1 or 2, list the additional creditors here. If you not fill out or submit this page.
do not have add	illional persons to be	Hotines for any ue	Dis III Faits Of 2, do	not in out of Subinit time page.
University of Illin	ois Hospital		On which entry	in Part 1 or Part 2 did you list the original creditor?
			On which entry Line 4.24	in Part 1 or Part 2 did you list the original creditor? of (Check one): Part 1: Creditors with Priority Unsecured Claims
Name	or St.		•	
Name 1740 West Taylo	or St.	60612	Line 4.24	of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured

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Debtor 1	Jeffrey	Couch		Case number (if known)
	First Name	Middle Name Last Name		
Part 4:	Add the A	mounts for Each Type of Unsecured Claim		
6. Tota Add	al the amoun I the amount	ts of certain types of unsecured claims. This information is for each type of unsecured claim.	r stat	istical reporting purposes only. 28 U.S.C. §159.
			•	Totał claims
Total cla		Domestic support obligations.	6a.	\$0.00
		Taxes and certain other debts you owe the government	6b.	\$0.00
end withing the control of the contr	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
an and handest branches and house	6d.	Other, Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00
O Additional of Companies on all Builds	6e.	Total. Add lines 6a through 6d.	6e.	\$0.00
AT ARTHUR MANAGEMENT AT A STATE OF THE STATE				Total claims
Total cla		Student loans	6f.	\$0.00
mone (be many open property)	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
Account and not consist a consist of the construction of the const	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
gergeprop of the formula but f	61.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$694,796.74
THE ANY ASSISTANCE OF ASSISTANCE	6j.	Total. Add lines 6f through 6i.	6j.	\$694,796.74

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Fill in this info	mation to identify your	case:	
Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States B	ankruptcy Court for the:	Northern	District of Illinois (State)
Case number (If known)			

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Schedule G: Executory Contracts and Unexpired Leases

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Debtor 1	Jeffrey		Couch	
Jenior I	First Name	Middle Name	Last Name	
Debtor 2	Jodie		Couch	
Spouse, if filing)	First Name	Middle Name	Last Name	
Jnited States E	Bankruptcy Court for the:	Northern	District of Illinois	
Case number			(State)	
(If known)				
		Limb		Check if this is amended filing
S 661 1 1 1	- 40011			arrieroed many
Official	Form 106H			
chodul	e H: Your Co	dobtore		12/
				mplete and accurate as possible. If two married people are filing
✓ No Yes		ou are filing a joint case, do		
No Yes Within the idaho, Lou Yoo. Yes.	a last 8 years, have you ilsiana, Nevada, New Me Go to line 3. Did your spouse, form No	lived in a community prop xico, Puerto Rico, Texas, Wa ner spouse, or legal equiva	nerty state or territory? (C ashington, and Wisconsin.) alent live with you at the t	ommunity property states and territories include Arizona, California,
No Yes Within the idaho, Lou No. Yes.	e last 8 years, have you iisiana, Nevada, New Me Go to line 3. Did your spouse, form No Yes. In which commur	lived in a community prop xico, Puerto Rico, Texas, Wa ner spouse, or legal equiva	nerty state or territory? (C ashington, and Wisconsin.) alent live with you at the to bu live?	ommunity property states and territories include Arizona, California, ime?
No Yes Within the idaho, Lou No. Yes.	e last 8 years, have you iisiana, Nevada, New Me Go to line 3. Did your spouse, form No Yes. In which commur	lived in a community prop xico, Puerto Rico, Texas, Wa ner spouse, or legal equiva nity state or territory did yo	nerty state or territory? (C ashington, and Wisconsin.) alent live with you at the to bu live?	ommunity property states and territories include Arizona, California, ime?
No Yes Within the idaho, Lou No. Yes.	e last 8 years, have you iisiana, Nevada, New Me Go to line 3. Did your spouse, form No Yes. In which commur Name of your spouse,	lived in a community prop xico, Puerto Rico, Texas, Wa ner spouse, or legal equiva nity state or territory did yo	nerty state or territory? (C ashington, and Wisconsin.) alent live with you at the to bu live?	ommunity property states and territories include Arizona, California, ime? — Fill in the name and current address of that person.
✓ No	a last 8 years, have you isiana, Nevada, New Me Go to line 3. Did your spouse, form No Yes. In which commun Name of your spouse, Number Street City 1, list all of your code intor only if that person	lived in a community proposico, Puerto Rico, Texas, Water spouse, or legal equivality state or territory did your former spouse, or legal equivalent spouse, or legal equi	perty state or territory? (Cashington, and Wisconsin.) alent live with you at the top live? valent Zip Coorspouse as a codebtor if you have list	ommunity property states and territories include Arizona, California, ime? — Fill in the name and current address of that person. ———
No Yes Within the idaho, Lou No. Yes. Yes. In Column as a code (Official F	a last 8 years, have you isiana, Nevada, New Me Go to line 3. Did your spouse, form No Yes. In which commun Name of your spouse, Number Street City 1, list all of your code intor only if that person	lived in a community proposico, Puerto Rico, Texas, Water spouse, or legal equivality state or territory did your former spouse, or legal equivalent spouse, or legal equi	perty state or territory? (Cashington, and Wisconsin.) alent live with you at the top live? valent Zip Coorspouse as a codebtor if you have list	ommunity property states and territories include Arizona, California, ime? — Fill in the name and current address of that person. — de vour spouse is filing with you. List the person shown in line 2 agai

Official Form 106H

Schedule H: Your Codebtors

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2018		Docum	ent Page	35 of 62				
Fill in this info	ormation to identify y	our case;						
Debtor 1 Debtor 2	Jeffrey First Name Jodie	Middle Name	Couch Last Name Couch		check if this is:			
(Spouse, if filing) United States the:	First Name Bankruptcy Court for	Middle Name Northern	Last Name District of Illinois (State)		A supplement showing post-petition chapter 1 expenses as of the following date:			
Case number (If known)			(3.0.0)		MM / DD / YYYY			
Official F	orm 106I							
Schedul	le I: Your Ind	come			12/1			
information a spouse. If mo case number	bout your spouse.	If you are separated and d, attach a separate shee r every question.	your spouse is I	not filing with y	nd your spouse is living with you, include ou, do not include information about you additional pages, write your name and			
1. Fill in you informatio	r employment on.		Debtor 1		Debtor 2			
attach a se	more than one job, parate page with about additional	Employment status Occupation	☐ Employed ✓ Not Employed		Employed Not Employed			
	t time, seasonal, or	Employer's name Employer's address						
	n may include student aker, if it applies.		Number Street		Number Street			
ONLY OF THE REAL OF THE PROPERTY.					City State Zip Code			
en representa esta esta del		How long employed there?	City	State Zip Code	City State Zip Gode			
Part 2: Giv	ve Details About N	Ionthly Income	·					
spouse unle	ss you are separated.				e, write \$0 in the space. Include your non-filing			
If you or you need more s	r non-filing spouse ha pace, attach a separa	ve more than one employer, on the sheet to this form.	ombine the informa	tion for all employ For Debtor 1	ers for that person on the lines below. If you For Debtor 2 or non-filing spouse			

Official Form 106I

Schedule I: Your Income

\$0.00

+ \$0.00

\$0.00

page 1

\$0.00

+ \$0.00

\$0.00

List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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Debtor 1 Jeffrey	Couch		Case number (if known)						
First Name Middle Name	Last Name		For Debtor 1	For Debtor 2 or non-filing spouse					
Copy line 4 here	> 4.	12500	\$0.00	\$0.00					
5. List all payroll deductions:									
5a. Tax, Medicare, and Social Security deductions	5a		\$0.00	\$0,00					
5b. Mandatory contributions for retirement plans	5b		\$0.00	\$0.00					
5c. Voluntary contributions for retirement plans	5c		\$0.00	\$0,00					
5d. Required repayments of retirement fund loans	5d	l	\$0.00	\$0,00					
5e. Insurance	5e		\$0.00	\$0.00					
5f. Domestic support obligations	5f.		\$0.00	\$0.00					
5g, Union dues	5g	ا.	\$0.00	\$0.00		7			
5h, Other deductions. Specify:	5h	ı. + _	\$0.00 +	\$0.00		2			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f	+ 5g +5h. 6.		\$0.00	\$0.00					
7. Calculate total monthly take-home pay. Subtract line 6 from line	4. 7.	_	\$0.00	\$0,00					
8. List all other income regularly received:									
8a. Net income from rental property and from operating a business, profession, or farm									
Attach a statement for each property and business showing greeceipts, ordinary and necessary business expenses, and the monthly net income.		1.	\$0.00	\$0.00					
8b. Interest and dividends	8b	-	\$0.00	\$0.00					
8c. Family support payments that you, a non-filing spouse, or dependent regularly receive	a	-							
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	· -	\$0.00	\$0.00					
8d. Unemployment compensation	8 d	i	\$0.00	\$0.00					
8e. Social Security	8e).	\$2,100,60	\$1,050.00					
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-ca assistance that you receive, such as food stamps (benefits und the Supptementat Nutrition Assistance Program) or housing subsidies Specify:			\$0.00	\$0.00					
8g. Pension or retirement income	 8g	•	\$0.00	\$0.00					
8h. Other monthly income. Specify: See attached	8h	i. +	\$0.00 +	\$0.00					
9, Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +	8h. 9.		\$2,100.60	\$1,050.00					
10.Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling s	10 oouse).	\$2,100.60 +	\$1,050.00	=	\$3,150.60			
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.									
Specify:					11. +	\$0.00			
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies						\$3,150.60			
	and Site Alex P	0				Combined monthly income			
 Do you expect an increase or decrease within the year after y No. 	ou nie this foi	rm?							
Yes. Explain:									

Official Form 106I

Schedule I: Your Income

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·				
Debtor 1 Jeffrey		Couch	Case number (if known)	
First Name	Middle Name	Last Name		

Part 2: Give Details About Monthly Income

Official Form 106I. Additional page.		
	For Debtor 1	For Debtor 2 or non-filing spouse
8f.Other government assistance that you regularly receive. Specify:		
1. Food Assistance Programs Income	\$0.00	\$0.00
2. Other Government Assistance Income	\$0,00	\$0.00
8h.Other monthly income. Specify:		
1, Long Term Disability Income	\$0.00	\$0.00
2, Short Term Disability Income	\$0.00	\$0.00
3. Voluntary Household Contributions Income	\$0.00	\$0.00
4. Workers Compensation Income	\$0.00	\$0.00

3/3

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ill in this infor	mation to identify ye	our case:				
Debtor 1	Jeffrey		Couch			
JOBIO! I	First Name	Middle Name	Last Name	Observato Mathematica		
Debtor 2	Jodie		Couch	Check if this is:		•
Spouse, if filing)	First Name	Middle Name	Last Name	An amended fili	ng	
Inited States B	Bankruptcy Court for th	e: Northern	District of Illinois (State)	A supplement s expenses as of		etition chapter 13 ate:
Case number				MM / DD / YYY	·	
f known)				WIW / DD / TTT	T	
Afficial I	Form 106J					
		•				
chedule	e J: Your Ex	penses				12/
formation. If n	and accurate as pos nore space is needed wer every question.	ssible. If two married people are d, attach another sheet to this f	e filing together, both are equally r form. On the top of any additional p	esponsible for supply pages, write your nam	ing correct e and case nu	ımber
art 1: Desc	ribe Your Househ	old				
. Is this a join	nt case?					
No. Go	to line 2					
Yes. Do	oes Debtor 2 live in a	separate household?				
Ţ.	No					
	Yes. Debtor 2 mus	t file Official Forms 106J-2, <i>Exper</i>	nses for Separate Household of Debt	or 2.		
. Do you have	e dependents?	No				
Do not list Do	ebtor 1 and	Yes, Fill out this information for	Dependent's relationship to	Dependent's		endent live
Debtor 2.	James de la constant	each dependent	Debtor 1 or Debtor 2	age	with you?	•
			Child	3 months	No.	
					✓ Yes.	
			Child	17 years	☐ No.	
					✓ Yes.	
	oenses include	Control Contro		9. 10.10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
expenses of than	f people other	No				
yourself and	d your	Yes			\$	
dependents	i?					
. r = ==4.		- Manthly Evanges				
		g Monthly Expenses				
Estimate your expenses as c applicable dat	of a date after the bar	r bankruptcy filing date unless nkruptcy is filed. If this is a sup	you are using this form as a suppi plemental Schedule J, check the b	lement in a Chapter 13 box at the top of the fo	3 case to repo irm and fill in	rt the
nclude expen auch assistan	ises paid for with no ice and have include	n-cash government assistance d it on <i>Schedule I: Your Incom</i> e	if you know the value of e (Official Form B 106l.)			Your expenses
	or home ownership or the ground or lot. 4.	expenses for your residence. I	nclude first mortgage payments and		4.	\$1,300.0
If not incl	uded in line 4:					
It HOT INCI-					4a	\$0.0
4a. Real e	state taxes					-
4a. Real e		enter's insurance			4b.	\$20.0
4a. Real e 4b. Proper	rty, homeowner's, or re				4b. 4c.	
4a. Real e 4b. Proper 4c. Home	rty, homeowner's, or re	and upkeep expenses				\$20.0 \$0.0 \$0.0

Official Form 106J

Schedule J: Your Expenses

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Middle Name	Last Name			
				Your expenses
nte for vous residence, such	as home equity loans			\$0.0
nts for your residence, such	as nome equity to and		υ,	40. 0
as			6a.	\$184.
				\$76.
	vices			\$210.
				\$0.
				\$400.
•				\$0.
				\$50.
				\$50.
				\$10.
, maintenance, bus or train far	re.			\$65.
	nes, and books		13.	\$50
nd religious donations			14.	\$0
lucted from your pay or includ-	ed in lines 4 or 20,			
		1	l5a	\$0
		1	15b	\$242
			15c	\$89
y:		_	15d	\$0
deducted from your pay or inc	cluded in lines 4 or 20.			
			16	\$0
ents:			10	
le 1			17a	\$369.
le 2		-	17b	\$0.
			17c	\$0.
			17d	\$0.
			18.	\$0
to support others who do no	ot live with you.			
	n cut c		19.	\$0
	a or mis form of on Schedule I: Y		202	\$0
porty				\$0
or renter's insurance				\$0
				\$0
a upkeep expenses. on or condominium dues			20a 20e	\$0 \$0
	as as as as as as as as as blection ternet, satellite, and cable ser opties acation costs leaning d services es a maintenance, bus or train fa seation, newspapers, magazi and religious donations lucted from your pay or includ your deducted from your pay or includ ants: ie 1 ie 2 a maintenance, and support ule I, Your Income (Official F to support others who do no es not included in lines 4 or perty or renter's insurance d upkeep expenses.	Ints for your residence, such as home equity loans as as as as as a support that you did not report as deducted in lines 4 or 20. The such as a support that you did not report as deducted in lines 4 or 20. The such as a support that you did not report as deducted in lines 4 or 20. The such as a support that you did not report as deducted in lines 4 or 20. The such as a support that you did not report as deducted in lines 4 or 20. The such as a support that you did not report as deducted in lines 4 or 20. The such as a support that you did not report as deducted in lines 4 or 20. The such as a support that you did not report as deducted in lines 4 or 5 of this form or on Schedule I: Yellow the support included in lines 4 or 5 of this form or on Schedule I: Yellow the support insurance did upkeep expenses.	Ints for your residence, such as home equity loans as silection termet, satellite, and cable services spiles acation costs leaning discriptions are services es so ation, newspapers, magazines, and books and religious donations tucted from your pay or included in lines 4 or 20. y: deducted from your pay or included in lines 4 or 20. services es so ation, newspapers, magazines, and books and religious donations tucted from your pay or included in lines 4 or 20. y: deducted from your pay or included in lines 4 or 20. services es so ation, newspapers, magazines, and books and religious donations tucted from your pay or included in lines 4 or 20. services es so ation, newspapers, magazines, and books and religious donations tucted from your pay or included in lines 4 or 20. services es so ation, newspapers and support that you did not report as deducted from tute I, Your Income (Official Form 106), to support others who do not live with you. ser not included in lines 4 or 5 of this form or on Schedule I: Your Income, perty or renter's insurance did upkeep expenses.	### Action Part Part

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Debtor 1	Jeffrey		Couch	Case number (if known)	
	First Name	Middle Name	Last Name		
21.Other	. Specify:		·	21	\$0.00
22. Calcu	ılate your monthly	expenses.			\$3,115.05
22a. /	Add lines 4 through 2	21.			\$0.00
22b. (Copy line 22 (monthly	y expenses for Debtor 2), if any, fr	om Official Form 106J-2		\$3,115.05
22c. /	Add line 22a and 22b	o. The result is your monthly expen	ises,	22.	
23.Calcu	late your monthly i	net income.			
23a. (Copy line 12 (your co	ombined monthly income) from Sc	hedule I.	2 3a	\$3,150.60
23b, (Copy your monthly e	xpenses from line 22 above.		23b	\$3,115.05
23c, 8	Subtract your monthl The result is your mo	y expenses from your monthly inconthly net income.	ome.	23c	\$35.55
24. Do y	ou expect an increa	ase or decrease in your expense	es within the year after yo	u file this form?	
For e	example, do you exp gage payment to inc	ect to finish paying for your car lo crease or decrease because of a r	an within the year or do you nodification to the terms of	ı expect your your mortgage?	
▽ 1	Nο				
	Yes				
<u> </u>	Explain her	re:			

Fill in this infor	mation to identify your	0356:	
Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	sankruptcy Court for the:	Northern	District of Illinois (State)
Case number (If known)			(50.0)

	Check	if this	s is	an
areas I	amend	ed fil	ing	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 42

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	
	′our assets ⁄alue of what you own
1, Schedule A/B: Property (Official Form 106A/B)	
1a, Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$212,535.00
16, Copy line 62, Total personal property, from Schedule A/B	\$212,535.00
1c. Copy line 63, Total of all property on Schedule A/B	\$212,555,00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
	anount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$11,388.00
za, copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Fart For Concount of	
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$694,796.74
Your total liabilities	\$706,184.74
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	\$3,150.60
Copy your combined monthly income from line 12 of Schedule I	<u> </u>
5. Schedule J: Your Expenses (Official Form 106J)	\$3,115.05
Copy your monthly expenses from line 22, Column A, of Schedule J	

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Jeffrey		Couch	Case number (if known)	
First Name	Middle Name	Last Name		
Part 4: Answer These Qu	estions for Administrative	and Statistical Record	ds	
6 Are you filing for bankrupto	cy under Chapters 7, 11, or 13?			
		and this hav and submit th	is form to the court with your other schedul	es.
tossi	report on tras part of the form, or	IECK TELIS DOX BING SUDITION	is form to the court with your outer assistant	55 .
✓ Yes.				
7. What kind of debt do you h	ave?			
Your debts are primar family, or household put	ily consumer debts, Consumer d rpose, 11 U.S.C. § 101(8), Fill out	ebts are those incurred by lines 8-10 for statistical pur	an individual primarily for a personal, poses. 28 U.S.C. § 159.	
	marily consumer debts. You hav th your other schedules.	e nothing to report on this p	part of the form. Check this box and submit	
8. From the Statement of Yo Form 122A-1 Line 11; OR,	ur Current Monthly Income: Cop Form 122B Line 11; OR, Form 122	by your total current monthl 2C-1 Line 14.	y income from Official	\$0.00
9. Copy the following spec	ial categories of claims from Pa	rt 4, line 6 of Schedule E/	F:	
From Part 4 on Schedule	E/F, copy the following:		Total claim	
9a. Domestic support oblig	gations (Copy line 6a.)		\$0.00	
9b. Taxes and certain other	er debts you owe the government.	(Copy line 6b.)	\$0.00	
9c, Claims for death or pe	rsonal injury while you were intoxi	cated. (Copy line 6c.)	\$0.00	
9d, Student loans, (Copy l			\$0,00	
9e. Obligations arising our priority claims. (Copy line	t of a separation agreement or div 6g.)	orce that you did not report	\$0.00	
	ofit-sharing plans, and other simila	ır debts. (Copy line 6h.)	\$0.00	
9g. Total. Add lines 9a thi	rough 9f.		\$0.00	

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		Docu	ment Page 43	01 62
Fill in this info	mation to Identify you	rease:		
Debtor 1	Jeffrey		Couch	
	First Name	Middle Name	Last Name	_
Debtor 2	Jodie		Couch	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Sankruptcy Court for the:	Northern	District of Illinois	
		,	(State)	_
Case number (if known)				
(II KIIOWII)				Check if this is ar
Official	Form 106De	3C		amended filing
Omorari	Offit TOOD			·
Declarat	ion About an	Individual Deb	tor's Schedules	12/15
•			sible for supplying correct in	
or property by the 1341, 1519, and	fraud in connection wit	nie bankruptcy schedules o h a bankruptcy case can re	sult in fines up to \$250,000, c	ng a false statement, concealing property, or obtaining money or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152,
Part 1: Sign	Below			
Did you p	ay or agree to pay som	eone who is NOT an attorn	ey to help you fill out bankru	ptcy forms?
☑ No				
Yes.	Name of person		Atlach Bankruptcy Pe Signature (Official Fo	atition Preparer's Notice, Declaration, and irm 119).
	nalty of perjury, I declar are true and correct.	re that I have read the sumi	mary and schedules filed with	i this declaration and
1	^			(\ \ \ \ ' \ ' \ //

★ Isl Jodie Couch
Signature of Debtor 2

Date 4/26/2018

MM/DD/YYYY

Official Form 106Dec

Isl Jeffrey Couch
Signature of Debtor

Date 4/26/2018

MM/DD/YYYY

Declaration About an Individual Debtor's Schedules

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Debtor 1 Jeffrey Couch First Name Middle Name Last Name Debtor 2 Jodie Couch (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Official Form 107	Check if this is
Debtor 2 Jodie Couch Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (If known) Difficial Form 107	Check if this is
Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) Case number If known) Dfficial Form 107	Check if this is
United States Bankruptcy Court for the: Northern District of Illinois (State) Case number (State) Difficial Form 107	Check if this is
Official Form 107	Check if this is
Official Form 107	Check if this is
Official Form 107	Check if this is
	amended filing
, , , , , , , , , , , , , , , , , , ,	
tatement of Financial Affairs for Individuals Filing for Bankruptcy	. 04/
e as complete and accurate as possible. If two married people are filing together, both are equally responsible for supp formation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your Imber (if known). Answer every question. art 4: Give Details About Your Marital Status and Where You Lived Before	name and case
What is your current marital status?	
To Marriad	
✓ Married Not married	
roctitatied	
During the last 3 years, have you lived anywhere other than where you live now?	
□ No	
Yes, i ist all of the places you lived in the last 3 years. Do not include where you live now.	
Yes. List all of the places you lived in the last 3 years. Do not include where you live now.	
Debtor 1: Dates Debtor 1 lived Debtor 2:	Dates Debtor 2 lived there
Debtor 1: Dates Debtor 1 lived Debtor 2:	
Debtor 1: Dates Debtor 1 lived Debtor 2: there Same as Debtor 1	there
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street Number Street	there Same as Debtor 1 From
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street Number Street	there Same as Debtor 1
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street To	there Same as Debtor 1 From
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street To City State Zip Code Debtor 2: Number Street City State Zip Code	there Same as Debtor 1 From To
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street To	there Same as Debtor 1 From
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street From Number Street To City State Zip Code Same as Debtor 1	there Same as Debtor 1 From To Same as Debtor 1
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street From Number Street City State Zip Code Same as Debtor 1 Number Street Number Street Number Street	there Same as Debtor 1 From To Same as Debtor 1 From From
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street From Number Street City State Zip Code Same as Debtor 1 Number Street Number Street Number Street	there Same as Debtor 1 From To Same as Debtor 1
Debtor 1: Dates Debtor 1 lived there Same as Debtor 1 Number Street From Number Street City State Zip Code Same as Debtor 1 Number Street Number Street Number Street	there Same as Debtor 1 From To Same as Debtor 1 From From

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Did you have any income from employn Fill in the total amount of income you receit activities. If you are filing a joint case and you have the property of the year. If you are filing a joint case and you have the year. If you have the year.	ved from all jobs and all busin	esses, including part-time		ars?
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
	Operating a business		business	
For last calendar year: (January 1 to December 31, 2017) YYYY	Wages, commissions, bonuses, tips Operating a		Wages, commissions, bonuses, tips Operating a	
	business		business	
For the calendar year before that: (January 1 to December 31, 2016)	Wages, commissions,	Ç	Wages, commissions,	
	bonuses, tips		bonuses, tips	
Pid you receive any other income during include income regardless of whether that oublic benefit payments; pensions; rental in	Operating a business g this year or the two previo income is taxable. Examples of the come; interest; dividends; more interest; dividends; dividends; more interest; dividends; di	of other income are alimony; c ney collected from lawsuits; re	Operating a business hild support; Social Security,	unemployment, and other ttery winnings, If you are fi
YYYYY Did you receive any other income durin	Operating a business g this year or the two previous income is taxable. Examples on the come; interest; dividends; more received together, list it only of	of other income are alimony; oney collected from lawsuits; rence under Debtor 1.	Operating a business hild support; Social Security, byalties; and gambling and lo	unemployment, and other ttery winnings. If you are fi
YYYY Did you receive any other income during include income regardless of whether that public benefit payments; pensions; rental in a joint case and you have income that you List each source and the gross income from	Operating a business g this year or the two previous income is taxable. Examples on the come; interest; dividends; more received together, list it only of	of other income are alimony; oney collected from lawsuits; rence under Debtor 1.	Operating a business hild support; Social Security, byalties; and gambling and lo	unemployment, and other ttery winnings. If you are fi
YYYY Did you receive any other income during include income regardless of whether that public benefit payments; pensions; rental in a joint case and you have income that you List each source and the gross income from	Operating a business g this year or the two previo income is taxable. Examples on come; interest; dividends; moreceived together, list it only on each source separately. Do	of other income are alimony; oney collected from lawsuits; rence under Debtor 1.	Operating a business hild support; Social Security, by	ttery winnings. If you are fi Gross income from each source
YYYY Did you receive any other income during include income regardless of whether that public benefit payments; pensions; rental in a joint case and you have income that you List each source and the gross income from	Operating a business g this year or the two previous income is taxable. Examples of accome; interest; dividends; more received together, list it only on each source separately. Do Debtor 1 Sources of Income	of other income are alimony; comey collected from lawsuits; reince under Debtor 1. not include income that you list Gross income from each source (before deductions and	Operating a business hild support; Social Security, by palties; and gambling and losted in line 4. Debtor 2 Sources of income	ttery winnings. If you are fi Gross income from each source (before deductions a
Did you receive any other income during include income regardless of whether that public benefit payments; pensions; rental in a joint case and you have income that you have income during the public have income that you have	Operating a business g this year or the two previo income is taxable. Examples or traceme; interest; dividends; more received together, list it only on each source separately. Do Debtor 1 Sources of Income Describe below. SS Benefits Through April, 2018 at	of other income are alimony; comey collected from lawsuits; reince under Debtor 1. not include income that you list Gross income from each source (before deductions and exclusions)	Operating a business hild support; Social Security, oyalties; and gambling and losted in line 4. Debtor 2 Sources of income Describe below. SS Benefits received on behalf of kids	Gross income from each source (before deductions a exclusions)
Did you receive any other income during include income regardless of whether that public benefit payments; pensions; rental in a joint case and you have income that you have income during the public have income that you have	Operating a business g this year or the two previo income is taxable. Examples or traceme; interest; dividends; more received together, list it only on each source separately. Do Debtor 1 Sources of Income Describe below. SS Benefits Through April, 2018 at	of other income are alimony; coney collected from lawsuits; rence under Debtor 1. not include income that you list Gross income from each source (before deductions and exclusions)	Operating a business hild support; Social Security, oyalties; and gambling and losted in line 4. Debtor 2 Sources of income Describe below. SS Benefits received on behalf of kids	Gross income from each source (before deductions a exclusions)
Prom January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017)	Operating a business g this year or the two previo income is taxable. Examples or traceme; interest; dividends; more received together, list it only on each source separately. Do Debtor 1 Sources of Income Describe below. SS Benefits Through April, 2018 at	Gross income from each source (before deductions) Gross income from each source (before deductions and exclusions)	Operating a business hild support; Social Security, oyalties; and gambling and losted in line 4. Debtor 2 Sources of income Describe below. SS Benefits received on behalf of kids	Gross income from each source (before deductions a exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Deb	otor 1	Jeffrey		NI: JII- Nome	Couch Last Name	Case nun	nber (if known)	
		First Name		Middle Name		Louintoiz		
Part	3:	List Certain P	ayments	You Made Befo	ore You Filed for Ban	kruptcy		
6.	Are	either Debtor 1's	or Debtor	2's debts primari	ly consumer debts?			
		No. Neither Deb primarily for	otor 1 nor D a personal,	ebtor 2 has prim family, or househo	arily consumer debts, C old purpose,"	onsumer debts are defined	in 11 U.S.C. § 101(8) as "incu	rred by an individual
		During the 9	0 days befo	re you filed for ba	nkruptcy, did you pay any	creditor a total of \$6,425* or	r more?	
		No. Go	to line 7.					
A PA gail PA and College and a college of the An An An		to	stal amount	you paid that cred	itor. Do not include payme	25* or more in one or more ents for domestic support ob to an attorney for this bank	lligations, such as	
1000		* Subject to	adjustment	on 4/01/19 and ev	ery 3 years after that for o	cases filed on or after the da	ite of adjustment.	
O Composition	Y	Yes, Debtor 1 or	Debtor 2 o	r both have prim	arily consumer debts.			
*****		During the 9	00 days befo	re you filed for ba	nkruptcy, did you pay any	creditor a total of \$600 or m	nore?	
•		☑ No. Go	to line 7.					35.00
(v) (p) common and manifest (d) (V) date (d) (v)		th	at creditor.	Do not include pa	m you paid a total of \$600 yments for domestic supp ayments to an attorney for	or more and the total amore ort obligations, such as chike this bankruptcy case.	unt you paid d support and	
					Dates of payment	Total amount paid	Amount you still owe	Was this payment for
ero manto.		Creditor's Name						Mortgage
ederal Apparato		Number Street						Car Credit card
-								Loan repayment
***		City	State	Zip Code				Suppliers or vendors
a gives and depth of								Other
	-	Creditor's Name						Mortgage
A demand why series		Number Street						Car Credit card
A Company of the Comp		Mulliper Officer						Loan repayment
S CONTRACTOR IN								Suppliers or
acres Admiran		City	State	Zip Code				vendors Other
and recovering a								Mortgage
ma would see		Creditor's Name						Car
A STATE OF THE STA		Number Street						Credit card
								Loan repayment
		City	State	Zip Code				Suppliers or vendors
The same case was								Other

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otor 1		1843i- N-		ouch st Name	Case number (u known)
	First Name	Middle Name	La	or regile		
Insi- com age	hin 1 year before you filed ders include your relatives; a porations of which you are a nt, including one for a busin h as child support and alimo	any general partners n officer, director, pe ess you operate as a	; relatives of any erson in control. o	general partners; par or owner of 20% or mo	rtnerships of which y are of their voting se	you are a general partner; curities; and any managing
図	No					
	Yes. List all payments to	an insider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name					
	Number Street					
	City State	Zip Code				
	Insider's Name					
	Number Street					1. 14. 1 15.47
						i i
	City State	Zip Code				
insi		for bankruptcy, did	by an insider.			account of a debt that benefited an
insi	hin 1 year before you filed der? ude payments on debts gua No	for bankruptcy, did	by an insider.	payments or transform. Total amount paid	er any property on Amount you still owe	account of a debt that benefited an Reason for this payment Include creditor's name
insi	hin 1 year before you filed der? ude payments on debts gua No	for bankruptcy, did	by an insider. sider. Dates of	Totał amount	Amount you	Reason for this payment
insi	hin 1 year before you filed der? ude payments on debts gua No Yes. List all payments th	for bankruptcy, did	by an insider. sider. Dates of	Totał amount	Amount you	Reason for this payment
insi	hin 1 year before you filed der? ude payments on debts gua No Yes. List all payments th	for bankruptcy, did	by an insider. sider. Dates of	Totał amount	Amount you	Reason for this payment
insi	hin 1 year before you filed der? ude payments on debts gua No Yes. List all payments th Insider's Name	for bankruptcy, die ranteed or cosigned at benefited an ins	by an insider. sider. Dates of	Totał amount	Amount you	Reason for this payment
insi	hin 1 year before you filed der? ude payments on debts gua. No Yes. List all payments th Insider's Name Number Street City State	for bankruptcy, die ranteed or cosigned at benefited an ins	by an insider. sider. Dates of	Totał amount	Amount you	Reason for this payment

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Identify Legal Actions, Repossessions, and Foreclosures Identify Legal Actions, Repossessions, and Foreclosures Mithin 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrated in the succession of the case	istrative proceed ty actions, suppor	iling? t or custody modifications, an
Vithin 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administ all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternit ontract disputes. No Yes. Fill in the details. Nature of the case Court or agency	istrative proceec ty actions, suppor	fing? t or custody modifications, ar
Vithin 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administ all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternit ontract disputes. No Yes. Fill in the details. Nature of the case Court or agency	istrative proceec ty actions, suppor	fing? t or custody modifications, ar
ist all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternit ontract disputes. No Yes. Fill in the details. Nature of the case Court or agency	istrative proceec ty actions, suppor	ting? t or custody modifications, ar
No Yes, Fill in the details. Nature of the case Court or agency	ty actions, suppor	t or custody modifications, ar
No Yes. Fill in the details. Nature of the case Court or agency		
Yes. Fill in the details. Nature of the case Court or agency		
Yes. Fill in the details. Nature of the case Court or agency		
Nature of the case Court or agency		
		Status of the case
Case title Worker's compensation claim	nensation	Pending
Jodie Couch v. Adventist Bolingbrook of Jodie Couch Commission	partaction	On appeal
Hospital Court Name		On appeal
Case number 100 W. Randolph St.	#8-200	✓ Concluded
11 WC 03694 NumberStreet		
- Chicago Illinoi		_
City State	Zip Code	
Case title Small claims Will County Circuit Co	ourt	Pending
Discover Bank v. Jeffrey Couch Court Name		On appeal
Case number 14 W. Jefferson St.		land .
17 SC 3488 NumberStreet	:- 60422	Concluded
Joliet Illinoi City State		
City State		merced.
Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, y Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.		ed, seized, or levied?
Check all that apply and fill in the details below. No. Go to line 11.		
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below.	jarnished, attach	. Value of the
Check all that apply and fill in the details below. No, Go to line 11. Yes, Fill in the information below.	jarnished, attach	. Value of the
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property	jarnished, attach	. Value of the
Check all that apply and fill in the details below. No. Go to line 11. Yes, Fill in the information below. Describe the property Creditor's Name	jarnished, attach	. Value of the
Check all that apply and fill in the details below. No, Go to line 11. Yes, Fill in the information below. Describe the property Creditor's Name Explain what happened	jarnished, attach	. Value of the
Check all that apply and fill in the details below. No, Go to line 11. Yes, Fill in the information below. Describe the property Creditor's Name Explain what happened Number Street Property was repossessed.	jarnished, attach	. Value of the
Check all that apply and fill in the details below. No, Go to line 11. Yes, Fill in the information below. Describe the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed.	jarnished, attach	. Value of the
Creditor's Name Creditor's Name Explain what happened Number Street Property was repossessed. Property was garnished.	jarnished, attach	. Value of the
Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed.	jarnished, attach	. Value of the
Creditor's Name Creditor's Name Explain what happened Number Street Property was repossessed. Property was garnished.	jarnished, attach	Value of the property
Check all that apply and fill in the details below. No. Go to line 11. Yes, Fill in the information below. Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.	parnished, attach	Value of the property
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Check all that apply and fill in the details below. No, Go to line 11. Yes, Fill in the information below. Describe the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Describe the property Describe the property	parnished, attach	Value of the property
Creditor's Name Creditor's Name Explain what happened Number Street Property was repossessed. Property was garnished. City State Zip Code Describe the property Creditor's Name Creditor's Name Explain what happened Property was repossessed. Property was garnished. Property was attached, seized, or levied. Describe the property	parnished, attach	Value of the property
Creditor's Name Creditor's Name City State Creditor's Name Creditor's Name Explain what happened Property was repossessed. Property was garnished. Property was attached, seized, or levied. Describe the property Explain what happened Property was garnished. Property was attached, seized, or levied. Describe the property Explain what happened	parnished, attach	Value of the property
Creditor's Name City State Zip Code Creditor's Name Creditor's Name Explain what happened Property was foreclosed. Property was garnished. City State Zip Code Describe the property Creditor's Name Explain what happened Property was foreclosed. Property was garnished. City State Zip Code Describe the property Creditor's Name Explain what happened Explain what happened	parnished, attach	Value of the property
Creditor's Name City State Zip Code Creditor's Name Creditor's Name Explain what happened Property was repossessed. Property was garnished. Property was attached, seized, or levied. Describe the property Explain what happened Property was garnished. Property was attached, seized, or levied. Describe the property Explain what happened	parnished, attach	Value of the property
Yes, Fill in the information below. Describe the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Creditor's Name Explain what happened Number Street	parnished, attach	Value of the property
Creditor's Name City State Zip Code Creditor's Name Creditor's Name Explain what happened Property was garnished. City State Zip Code Creditor's Name Explain what happened Property was attached, seized, or levied. Describe the property Explain what happened Property was attached, seized, or levied. Describe the property Property was attached. Seized or levied. Describe the property Creditor's Name Explain what happened Number Street Property was repossessed.	parnished, attach	Value of the property

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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ebtor 1	Jeffrey First Name	Middle Name	Couch Last Name	Case number (if know	n)	
1. Wit	thin 90 days before you counts or refuse to mal	u filed for bankruptcy, d ke a payment because y	did any creditor, including a ban you owed a debt?	nk or financial institution, se	et off any amounts	s from your
V	No Yes. Fill in the details	•				
	Yes. Fill in the details	5.	Describe the action the	creditor took	Date action was taken	Amount
	Creditor's Name				en version de description de la constitución de la	
	Number Street					
		Mary and a second	Last 4 digits of account no	umber: XXXX-		
	,	tate Zip Code		t. af an analaman fo	or the banetit of a	aditore a court-
2. Wit app	thin 1 year before you to pointed receiver, a cust	filed for bankruptcy, wa todian, or another offici	as any of your property in the polal?	ossession of an assignee ro	or the benefit of ci	euliois, a court-
V	No Yes					
П art 5:	List Certain Gifts a	and Contributions				
3. W	·	***************************************	did you give any gifts with a tot	tal value of more than \$600	per person?	
3. W	fithin 2 years before yo No Yes. Fill in the deta	ou filed for bankruptcy,	did you give any gifts with a tot Describe the gifts	tal value of more than \$600	per person? Dates you gave the gifts	Value
). W	ithin 2 years before yo No Yes. Fill in the deta Gifts with a total valu	ou filed for bankruptcy, ils for each gift. ue of more than \$600		tal value of more than \$600	Dates you gave the	Value
3. W	/ithin 2 years before yo No Yes. Fill in the deta Gifts with a total valuer per person	ou filed for bankruptcy, ils for each gift. ue of more than \$600		tal value of more than \$600	Dates you gave the	Value
3. W	/ithin 2 years before your No Yes. Fill in the deta Gifts with a total valuer per person Person to Whom You Number Street City S	ou filed for bankruptcy, ils for each gift. ue of more than \$600 Gave the Gift		tal value of more than \$600	Dates you gave the	Value
3. W	/ithin 2 years before your No Yes. Fill in the deta Gifts with a total valuer person Person to Whom You Number Street	ou filed for bankruptcy, ils for each gift. ue of more than \$600 Gave the Gift		tal value of more than \$600	Dates you gave the	Value
3. W	/ithin 2 years before your No Yes. Fill in the deta Gifts with a total valuer per person Person to Whom You Number Street City S	ou filed for bankruptcy, ils for each gift. ue of more than \$600 Gave the Gift state Zip Code to you		tal value of more than \$600	Dates you gave the	Value
3. W	No Yes. Fill in the deta Gifts with a total valuer person Person to Whom You Number Street City S Person's relationship	ou filed for bankruptcy, ils for each gift. ue of more than \$600 Gave the Gift state Zip Code to you		tal value of more than \$600	Dates you gave the	Value
400	No Yes. Fill in the deta Gifts with a total valuer person Person to Whom You Number Street City S Person's relationship Person to Whom You	ou filed for bankruptcy, ils for each gift. ue of more than \$600 Gave the Gift State Zip Code to you Gave the Gift	Describe the gifts	tal value of more than \$600	Dates you gave the	Value

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	Jeffrey	Couch Case number (if known)		
	First Name Middle Name	Last Name		
110	thin I warm hafara way filed for hankruntay did s	ou give any gifts or contributions with a total value of m	ore than \$600 to a	ny charity?
. Wi	thin 2 years before you filed for bankruptcy, did y	YOU give any girts of contributions with a total value of in	010 111211 4000 10 1	ily oliulity i
$\overline{\mathbf{v}}$	3			
	Yes. Fill in the details for each gift or contribut	ion.		
Thurs.	Gifts or contributions to charities	Describe what you contributed	Date you	Value
	that total more than \$600		contributed	
	Charitate Name	-		
	Charity's Name			
	Number Street	•		
	Number Street			
	City State Zip Code	-		
art 6;	List Certain Losses			
5. Wil	thin 1 year before you filed for bankruptcy or sind	ce you filed for bankruptcy, did you lose anything becau	se of theft, fire, oth	ier disaster, or
gar	mbling?			
$\overline{\mathbf{v}}$	No			
	Yes. Fill in the details.			
<u>1</u>	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Include the amount that insurance has paid. List	loss	lost
		pending insurance claims on line 33 of Schedule		
		A/B: Property.		
	AND 1.000			
	1. Sec	Company of the control of the contro		
art 7:	List Certain Payments or Transfers			
	4	cy petition? r credit counseling agencies for services required in your bar	kruptcy.	
<u> </u>	lude any attorneys, bankruptcy petition preparers, on No No Yes. Fill in the details.	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment	Amount of
	No	r credit counseling agencies for services required in your bar	Date payment or transfer	Amount of payment
<u> </u>	No Yes, Fill in the details.	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
<u></u>	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC	r credit counseling agencies for services required in your bar	Date payment or transfer	
<u> </u>	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St.	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
<u></u>	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Iilinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made	payment
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address	r credit counseling agencies for services required in your bar Description and value of any property transferred	Date payment or transfer was made 4/18/2018	\$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc.	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	\$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue Number Street	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue Number Street Jersey City New Jersey 07306	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue Number Street	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue Number Street Jersey City New Jersey 07306	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue Number Street Jersey City New Jersey 07306 City State Zip Code Email or website address	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00
	No Yes. Fill in the details. Malmquist, Geiger and Durkee, LLC Person Who Was Paid 415 Liberty St. Number Street Morris Illinois 60450 City State Zip Code Email or website address Person Who Made the Payment, if Not You 001 Debtorcc, Inc. Person Who Was Paid 378 Summit Avenue Number Street Jersey City New Jersey 07306 City State Zip Code	Description and value of any property transferred Fees and costs - 1557.00	Date payment or transfer was made 4/18/2018	payment \$1557.00

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debt	tor 1	Jeffrey First Name	Middle Name	Couch (Last Name	Case number (if kno	wn)	
17.	help	nin 1 year before you filed f o you deal with your credito not include any payment or tr	rs or to make payments	or anyone else acting on your beha s to your creditors? ine 16.	alf pay or transfe	any property to anyo	one who promised to
	回	No					
		Yes, Fill in the details.			4 . 4	Data	Amount of normant
				Description and value of any pro	perty transferred	Date payment or transfer was made	Amount of payment
		Person Who Was Paid					
		Number Street				er der i de de com	
				Topological Association of the Control of the Contr		ar ar and and the second	
		City State	Zip Code			The second of th	
	Incl	nary course of your busing ude both outright transfers ar isfers that you have already li No Yes, Fill in the details.	nd transfers made as seci	urity (such as the granting of a securit			
				Description and value of propert transferred	payments in exchan	any property or received or debts pa ge	Date transfer iid was made
		Person Who Received Tran	nsfer	vocate for party			
		Number, Street		Children			1112
				Na constantina			
		City State Person's relationship to you	Zip Code u				
		Person Who Received Trai	nsfer				
		Number Street			The second secon		
				volidanci de de partir de			
		City State Person's relationship to yo	Zip Gode u				A
19.	Wit (Th	thin 10 years before you file lese are often called asset-pr	ed for bankruptcy, did yo otection devices.)	ou transfer any property to a self-s	ettled trust or sin	nilar device of which	you are a beneficiary?
	$\overline{\mathbf{x}}$	No					
		Yes. Fill in the details.		Description and value of the p	roperty transferre	d	Date transfer
The same of the sa							was made
- Villabili of Verwenzer.		Name of trust		Application of the control of the co			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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ebtor 1	Jeffrey First Name Middle Name	Couch Last Name	Case number (if known)		
sus str	List Certain Financial Accounts, Inst		and Storage Units		
				-	
or t Incl	hin 1 year before you filed for bankruptcy, v transferred? ude checking, savings, money market, or other peratives, associations, and other financial insi	financial accounts; certificates of dep			
₩.	No				
	Yes. Fill in the details.				
CHARLE		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Person Who Was Paid	xxx-	Checking Savings		
	Number Street		Money market Brokerage		
	City State Zip Code		Other		
	Person Who Was Paid	XXXX-	Checking Savings		
	Number Street	_	Money market Brokerage		
			Other		
	City State Zip Code				
val	uables? No Yes. Fill in the details.	Who else had access to it?	Describe the cor	ntents	Do you still have it?
	Name of Financial Institution	Name			No
	Number Street	Number Street			Yes
		City State Z	p Code	v Andrews	
	City State Zip Code			- 10.1	
. Ha	ve you stored property in a storage unit or	place other than your home within	l year before you filed for bank	ruptcy?	
V] No				
F	Yes. Fill in the details.				
	_	Who else had access to it?	Describe the cor	ntents	Do you still have it?
]	nave it:
	Name of Storage Facility	Name		Trimmation and the	No
	Name of Storage Facility Number Street	Name Number Street	,	The state of the s	homestate?
-	-	Number Street	ip Code		No

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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SDIO	1 Jeffrey First Name Middle Name	Couch Ca	se number (if known)	
rt 9:	Identify Property You Hold or Control			
. Do	you hold or control any property that some	one else owns? Include any property you be	orrowed from, are storing for, or hold in tru	ust for someo
	No			
	Yes. Fill in the details.			
		Where is the property?	Describe the contents	Value
	Owner's Name	Number Street		
	Number Street		_	
	Number Street			
		City State Zip Code		
	City State Zip Code	-	1777	
rt 10	Give Details About Environmental la	nformation		
				-1
	purpose of Part 10, the following definitions app			
•	Environmental law means any federal, state, or hazardous or toxic substances, wastes, or mate	local statute or regulation concerning pollution rial into the air, land, soil, surface water, groun	, contamination, releases of dwater, or other medium,	
	including statutes or regulations controlling the	cleanup of these substances, wastes, or mater	al.	
	Site means any location, facility, or property as	defined under any environmental law, whether	you now own, operate, or utilize it	
	or used to own, operate, or utilize it, including di		L	
•	Hazardous material means anything an environ toxic substance, hazardous material, pollutant, o	mental law defines as a nazardous waste, naz contaminant, or similar term.	arcous substance,	
eport	all notices, releases, and proceedings that you	know about, regardless of when they occurred		
	, , , , , , ,			
. на	as any governmental unit notified you that yo	ou may be liable or potentially liable under o	or in violation of an environmental law?	
V	☑ No			
	Yes. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of
			_	notice
	Name of site	Governmental unit		notice
			_	notice
	Number Street	Number Street		nolice
	Number Street	Number Street City State Zip Code	_	nolice
			-	notice
	Number Street City State Zip Code			notice
н		City State Zip Code	_ '	nolice
-	City State Zip Code	City State Zip Code		notice
-	City State Zip Code lave you notified any governmental unit of an	City State Zip Code	- ·	notice
700	City State Zip Code lave you notified any governmental unit of an ☑ No	City State Zip Code	Environmental law, if you know it	Date of
700	City State Zip Code lave you notified any governmental unit of an ☑ No	City State Zip Code - y release of hazardous material?	Environmental law, if you know it	
700	City State Zip Code lave you notified any governmental unit of an ☑ No	City State Zip Code - y release of hazardous material?	Environmental law, if you know it	Date of
700	City State Zip Code lave you notified any governmental unit of an No Yes. Fill in the details.	City State Zip Code - y release of hazardous material? Governmental unit	Environmental law, if you know it	Date of
700	City State Zip Code lave you notified any governmental unit of an No Yes. Fill in the details. Name of site	City State Zip Code y release of hazardous material? Governmental unit Governmental unit Number Street	Environmental law, if you know it	Date of
700	City State Zip Code lave you notified any governmental unit of an No Yes. Fill in the details. Name of site	City State Zip Code y release of hazardous material? Governmental unit	Environmental law, if you know it	Date of

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debt	or 1	Jeffrey First Name	Middle	Name	Couch Last Name	Case	number (# knd	own)		
26,	Have	e you been a party i	n any judicial or a	dministrative p	proceeding under an	y environmental l	law? Include	e settlements	and orders.	
		No Yes, Fill in the deta	ils.	Cou	rt or agency		Nature of t	the case		Status of the
		Case title			2 3		que many constant de la constant de			case Pending
				Cour	t Name		an examination of a state of		1	On appeal
		Case number		Num	ber Street		An an and An			Concluded
				City	State	Zip Code				
Part	11:	Give Details Abo	out Your Busine	ess or Conne	ections to Any Bu	siness				
27.	With	A sole proprie A member of a A partner in a An officer, dire	tor or self-employ a limited liability c partnership ector, or managing	red in a trade, ompany (LLC) g executive of	own a business or hi profession, or other) or limited liability pa a corporation y securities of a corp	activity, either fu artnership (LLP)			ny business?	
	Y	No. None of the al	oove applies. Go	to Part 12.	nils below for each b	usiness.		Employer	entification nu	mber Do not
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Describe the natur	re of the business		include Soci	al Security nu	mber or ITIN.
A NA A face for the A A A december A		Business Name			oceanings we interest			EIN:		
the first the factor of the first fi		Number Street			Name of accounta	nt or bookkeeper		Dates busine		
A commence of the commence of		City	State Z	ip Code			An addition of the St. I are objected West	From	То	
W V V V V V V V V V V V V V V V V V V V				——	Describe the natu	re of the busines:	s		entification nu lal Security nu	
Party over species		Business Name			alekken de hikkensamskoo			EIN:		
ger (ar, or a manners were a		Number Street			Name of accounta	int or bookkeepel	} r	Dates busin	ess existed	
Appendigues by contact the mark of a part of		City	State Z	ip Code			diffusion of the first of the contract of the	From	То	
Ty Manual to return on the Ballion B.					Describe the natu	re of the busines	S	include Soc	lentification nuital Security nu	ımber Do not ımber or ITIN.
vondavismika (Ph.		Business Name		 			sandebonnes de più de	EIN:		
A VANDA NAMBANANA		Number Street			Name of account	ant or bookkeepe	r	Dates busin	ess existed	
Topics of management		City	State Z	ip Code			path and the path of the path	From	То	
AWALEN A bank also A Walland										

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1	Jeffrey		Couch	Case number (if known)
2.0000	First Name	Middle Name	Last Name	manner of the community of the manner of the community of
28. Wit cre	hin 2 years before you fild ditors, or other parties.	ed for bankruptcy, did you g	give a financial statement to	anyone about your business? Include all financial institutions,
	Yes. Fill in the details b	elow		
L	163.1 11 11 110 0010110 0	5.5 M	Date issued	
			Date Issued	
	Name		MM/DD/YYYY	
	Number Street			•
ones of posts of the second of	City Sta	ite Zip Code		
Part 12:	Sign Below			
and	correct I understand that	t making a false statement, fines up to \$250,000, or lm	concealing property, or obta	ind I declare under penalty of perjury that the answers are true ining money or property by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
200	Signature of	Debtor		Signature of Debtor 2 //
Carding Co. P. September	Date 4/26/2	2018		Date 4/26/2018
Did	you attach additional pag	es to Your Statement of Fin	nancial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
157	No			
	Yes			
Did	you pay or agree to pay s	omeone who is not an atto	rney to help you fill out bank	ruptcy forms?
Image: second control in the control	No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

4/26/2018	Case 18-12250	Doc 1	Filed 04/26/18 Document	Entered 04/26/18 13:22:26 Page 56 of 62	Desc Mair

Fill in this info	mation to identify your	case:	
Debtor 1	Jeffrey		Couch
	First Name	Middle Name	Last Name
Debtor 2	Jodie		Couch
(Spouse, if filing)	First Name	Middle Name	Last Name
United States B	Sankruptcy Court for the:	Northern	District of Illinois (State)
Case number (If known)			(,

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

m creditors have claims secured by your property, or

Part to List Your Creditors Who Have Secured Claims

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information What do you intend to do with the property that Did you claim the property Identify the creditor and the property that is collateral as exempt on Schedule C? secures a debt? Surrender the property. Creditor's name: CITIZENSONE Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt; Cadillac CTS | Value: \$11,500.00 Retain the property and [explain]:

Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:
Creditor's name: Description of property securing debt:	Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]:
Creditor's name: Description of property	Surrender the property. No. Retain the property and redeem it. Yes. Retain the property and enter into a Reaffirmation Agreement.

Official Form 108

Description of property securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

Retain the property and [explain]:

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2: Lis	st Name t Your Unexpired Pe	Middle Name	Last Name	1 A
001/1100	t Your Unexpired Pe		Lastivaine	known)
any une		rsonal Property Lease		
ınexpire	helow. Do not list real e	y lease that you listed in state leases. Unexpired le se if the trustee does not	eases are leases that al	Contracts and Unexpired Leases (Official Form 106G), fill in the e still in effect; the lease period has not yet ended. You may assume 865(p)(2).
Describ	e your unexpired perso	nal property leases		Will the lease be assumed?
Lessor's		7/1 - 1/1 -		No Yes
Descript property	tion of leased /:			
Lessor's				No Yes
Descrip property	tion of leased /:			
Lessor's	s name:			□ No □ Yes
Descrip property	tion of leased y:			
Lessor's	s name:			No Yes
Descrip property	ition of leased y:			
Lessor	s name:			☐ No ☐ Yes
Descrip propert	otion of leased y:			
Lessor	s name:			□ No □ Yes
Descrip propert	otion of leased y:			
Lessor'	's name:			☐ No ☐ Yes
Descrip propert	otion of leased cy:			
	gn Below		A - 004 2011 100 100 100 100 100 100 100 100 100 100 100 1	
Under p that is s	enalty of perjury, I declar subject to an unexpired	are that I have indicated n lease.	ny intention about any p	property of my estate that secures a debt and any personal property
	Jeffrey Couch	by Aa		/s/ Jodie Couch OUL Signature of Debtor 2
Date	4/26/2018 MM/DD/YYYY		ŧ	Date 4/26/2018 MM/DD/YYYY

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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B2030 (Form 2030) (12/15)

4/26/2018

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

			L OI IIIIIIOIS	
n re	Jeffrey Couch ; Jodie Co	ouch	Case No.	
	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF	COMPENSATION	N OF ATTORNEY F	OR DEBTOR
co	mnensation paid to me within one	e vear before the filing of the po	y that I am the attorney for the about the structure of the latton in bankruptcy, or agreed to latton of or in connection with the batton of or in connection with the batton with the batton with the batton with the batton.	be paid to me, for services
Fo	or legal services, I have agreed to	accept		\$1,200.00
Pr	ior to the filing of this statement I	have received		\$1,200.00
Ва	alance Due			\$0.00
2. Th	ne source of the compensation pa	id to me was:		
	✓ Debtor	Other (specify)		
3. Th	ne source of the compensation pa	aid to me is:		
	✓ Debtor	Other (specify)		
4.	I have not agreed to share the members and associates of my	above-disclosed compensation y law firm.	n with any other person unless the	y are
	I have agreed to share the abo members or associates of my l the people sharing in the comp	law firm. A copy of the agreeme	th a other person or persons who ent, together with a list of the name	are not es of
5. ln			al service for all aspects of the ban advice to the debtor in determining	
	b. Preparation and filing of an	y petition, schedules, statemer	its of affairs and plan which may b	e required;
	c. Representation of the debto	or at the meeting of creditors a	nd confirmation hearing, and any a	adjourned hearings thereof;
6. B	y agreement with the debtor(s), th	ne above-disclosed fee does no	ot include the following services:	
			,	
		CERTIFIC	ATION	
	ertify that the foregoing is a compl (s) in this bankruptcy proceedings		nt or arrangement for payment to r	me for representation of the
	4/26/2018		/s/ James Durkee	
	Date	····	Signature of Attorney	
			Malmquist Geiger & Durkee	
i			Name of law firm	

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IN THE UNITED STATES BANKRUPTCY COURT FOR THE LOCALIZED DISTRICT OF ILLINOIS

IN RE:	Teffrey	and Jodie	Couch	CASE NO.
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Debtor(s).

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of my/our knowledge and that it corresponds to the creditors listed in my/our schedules.

Date: 4 26 2018

Joint Dektor